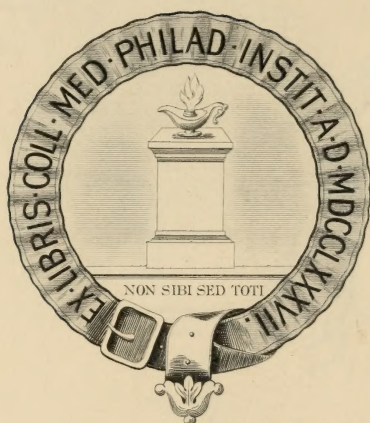


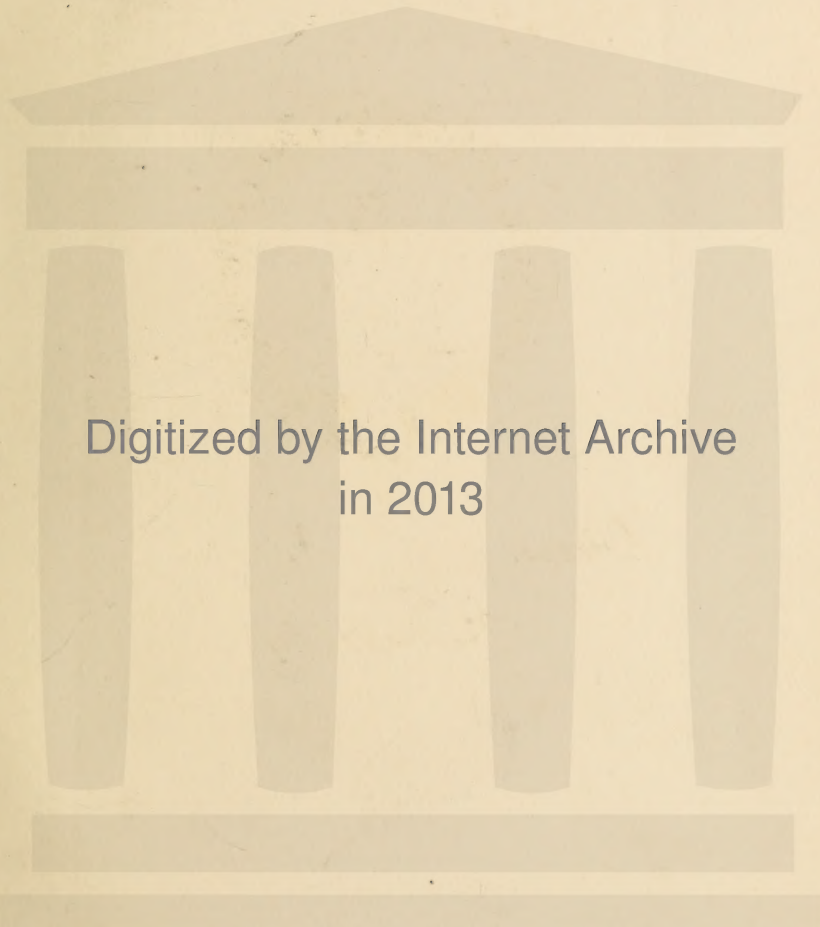


15849

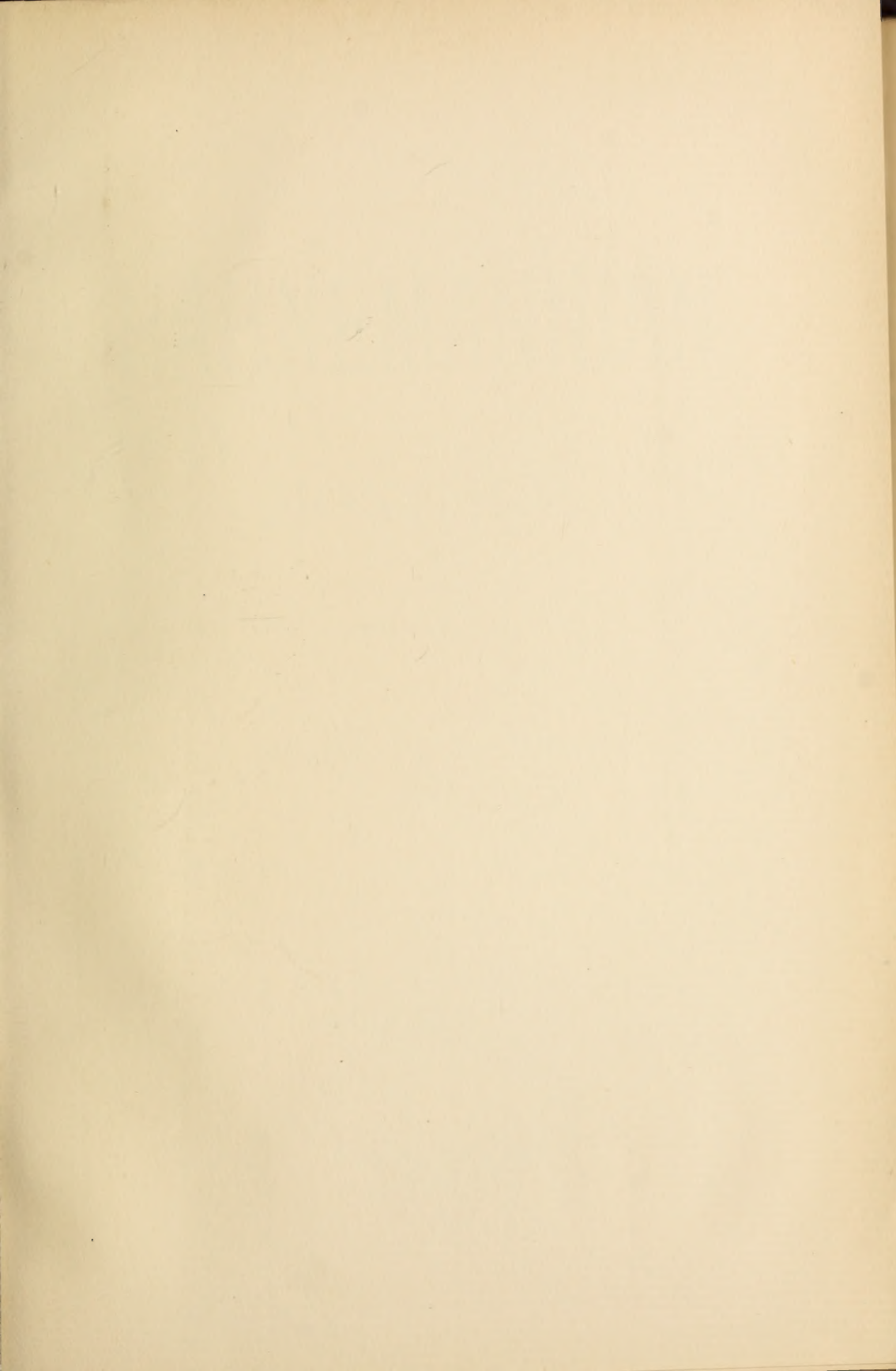


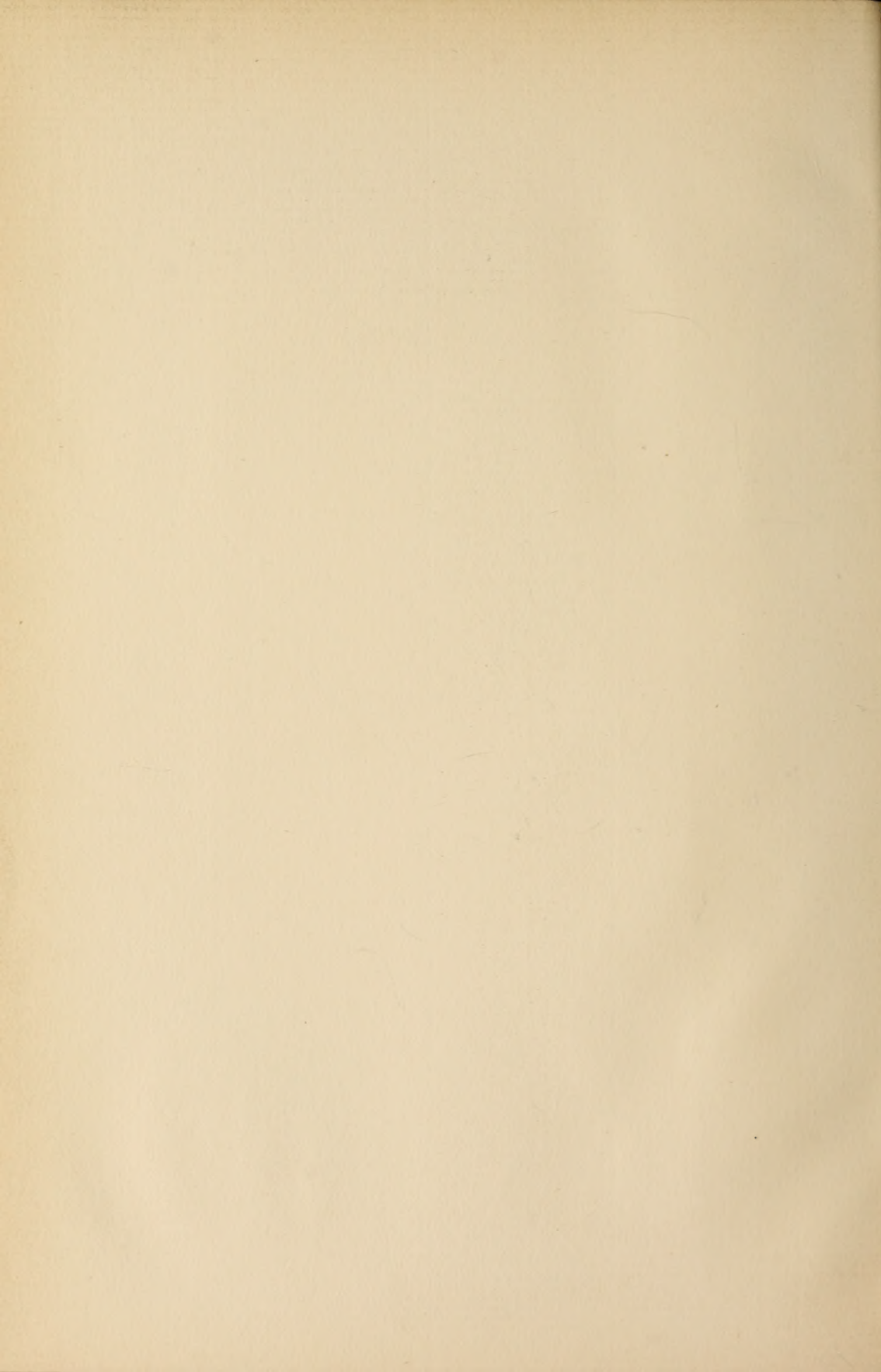
Class _____ No _____

Presented by
G. M. Gould, M. D.



Digitized by the Internet Archive
in 2013



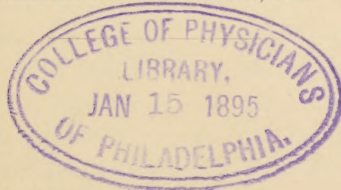


THE
HAHNEMANNIAN
MONTHLY.

(VOLUME TWENTY-NINE.)

JANUARY TO DECEMBER,
1894.

EDITED BY
WM. W. VAN BAUN, M.D., WM. H. BIGLER, A.M., M.D., AND
CLARENCE BARTLETT, M.D.



PHILADELPHIA :
1894.

COPYRIGHT, 1894.

THE HAHNEMANNIAN MONTHLY.

JANUARY, 1894.

AURUM IN MEDICINE AND IN PHILOSOPHY.

BY EDWARD CRANCH, M.D., ERIE, PA.

How can so noble a metal as gold at the same time be so violent a poison? This question, asked by a friend, led to the following paper. Gold has place in many departments of thought; in religion, as the emblem of the age of mutual love, the Golden Age of the ancients; in philosophy, it was *Rex Metallorum*, emblem of the sun, and the provoker of unsought discoveries among the chemists; political economists and statesmen see it always winning the unequal race with silver as a unit of value. Its insolubility and ductility make it indispensable in the arts, its beauty brings it forward as an ornament, and love treasures it for life in the yellow, charmed circlet of the wedding-ring. If well used, a blessing; if abused, a curse; in truly charitable hands, the means of rewarding toil and enterprise; in selfish hands, the proverbial root of all evil; worn as an ornament, how harmless; absorbed to selfish uses, how injurious. You all know what gold looks like; therefore, no hard-earned or hard-borrowed fragment will be passed around as a sample, but, instead, as an illustration of two kinds of gold, shall be quoted a recent couplet entitled:

VOL. XXIX.—1

15849

OLD AND YOUNG.

"They soon grow old who grope for gold
 In marts where all is bought and sold;
 Who live for self, and on some shelf
 In darkened vaults hoard up their pelf.
 Cankered and crusted o'er with mold,
 For them their youth itself is old.

"They ne'er grow old who gather gold
 Where spring awakes and flowers unfold;
 Where suns arise in joyous skies,
 And fill the soul within their eyes.
 For them the immortal bards have sung,
 For them old age itself is young."

—C. P. CRANCH.

The history of gold in medicine is most interesting, for it well illustrates the varying turns of fashion in the world of medicine, which brings a remedy to the front in one century or decade only to deery, abuse, or slight it in the next until reduced to law by the demonstrations and practice of homœopathia.

Hahnemann, in his preface to "*Aurum*,"* speaking of those who, however credulous, "so allgläubigen," in other matters, yet deny all virtue to gold because of its insolubility, says: "It is so much more convenient simply to assert than to interrogate experience, which, however, is the basis of the art of curing."

Then he goes on thus: "They are all of them wrong, and all the modern physicians into the bargain—gold has great remedial virtues which cannot be replaced."

Paracelsus,† who calls all his predecessors and opponents "infants, idiots, sophisters," and other handy names, praises all the mineral remedies, and brags that by them he can make a man live one hundred and sixty years, or to the world's end.

Erastus,‡ in controversy with him, as quoted by Robert Burton, "discommends aurum potabile, and inveighs against it by reason of the corrosive waters (nitric and muriatic acid) which are used in it." Here Hahnemann agrees, for he says: "I have an aversion to employing metals dissolved in acids, were it for no other reason than simplicity. And then their properties must necessarily be altered by the acids, as may be seen by comparing the medicinal virtues of the corrosive sublimate with those of the oxide of mercury. I was

* *Chron. Krankheiten*, ii., 214.

† Burton, *Anat. Melan.*, vol. ii., p. 100.

‡ *Ibid.*

therefore much pleased," he continues, "on discovering that many Arabian physicians praised the remedial virtues of gold when given in fine powder, in many affections against which I had already applied the solution of gold with much benefit."

Geber, in the eighth century, quoted by Hahnemann, says "gold is a joy-creating drug, and one preserving the body in youth."

Serapion, in the tenth century, says that powdered gold is useful in melancholy and weakness of the heart.

Avicenna, in the eleventh century, says that powdered gold is useful as a remedy against melancholy, takes away foetid odor of the breath, may be used internally against falling of hair, strengthens the eyes, is useful in cardialgia and palpitation, and extremely so in difficulty of breathing.

Albucasis, in the twelfth century describes a rough way of triturating gold, on coarse linen, under water.

Among modern authors, it is passed over entirely by Morrow in his recent "Syphilology," by the *American Text-Book of Surgery*, and dismissed with mere mention as "not worth referring to" by Bäumlér in Ziemssen's *Cyclopædia*.

Ringer leaves it out even in his twelfth edition, but it is favorably mentioned by Trousseau,* who says that its beneficial action in syphilis is incontestable, and likens it to that of iodide of potash; under its use, he says, new symptoms will at first arise, but this is a favorable occurrence, he declares; and must not discourage the physician, for improvement will surely follow. He commends it further in tetters, leprous diseases, dyspepsias and amenorrhœa, warning against its abortive action.

Brunton† recommends the double chloride of gold and sodium, in doses from one-tenth to one-fifth grain once or twice a day, in syphilis, scrofula and cancer, also in myelitis, and in chronic uterine inflammation, and neuralgic and inflammatory affections of the ovaries. Small doses, he says, increase the appetite, large ones irritate the digestive and respiratory tracts, and death occurs from asphyxia, with paralysis.

In Stillé and Maisch's *National Dispensatory*,‡ *auri pulvis* is reckoned as officinal, and it is directed prepared from gold leaf by trituration with crystals of sugar of milk or of sulphate of potash, till the coloring of the gold disappears—then the inert substance is to be

* *Therapeutics*, vol. i., p. 185, Lincoln's *Trans.*

† *Ther. and M. M.*, p. 641.

‡ Fourth edition, p. 291.

washed out with water. It is said to be generally discredited, but recommended by Martinneau for inveterate syphilis.

Shoemaker* prefers the double chloride, and gives a long list of uses, for which he has apparently consulted homœopathic works as well as others. His dose is from one-fiftieth to one-tenth grain; he says it acts on the glandular structure of the stomach and liver, and constipates the bowels (most provers of the salt mention diarrhœa.) It increases the urine, coloring it yellow; it acts as an aphrodisiac, and causes menorrhagia—(later he says it is good for habitual abortion.) He recommends it in tuberculosis, lupus, nervous dyspepsia, gastric catarrh, torpid liver, cirrhosis of liver and of kidneys, spinal sclerosis, premature senility, depression, and hypochondria, vertigo of the aged from atheromatous state of arteries, and vertigo from indigestion, in whooping cough and laryngismus stridulus, in amenorrhœa, dysmenorrhœa, habitual abortion, chronic ovaritis, syphilis, especially late ulcers of throat; ozæna, diseases of the bones and phthisis, in diabetes mellitus, and as recommended by Goubert, he mentions the bromide of gold for epilepsy, chorea, migraine and exophthalmic goitre.

Truly a good record and one that shows he does not mean to merit Hahnemann's condemnation, by slighting so useful a mineral.

Now let us see what symptoms have been developed upon the body and mind by the direct action of gold and its salts, as proven by Hahnemann and his followers.

The pathogenesis divides itself into five principal chapters, which may be entitled respectively: heart, bones, reproductive organs, mind, and special sense-organs.

Gold has a powerful action on the heart, and arteries, causing violent palpitation; shaking as if heart were loose, in walking; occasional sudden thumps, drawing and cutting pains (the chloride adds intense agonizing pains about apex, relieved by light pressure). At the same time the general circulation suffers, and there is rushing of blood to the head, with violent vertigo; rush of blood to the chest, with sense of bursting, as if one were running up hill, with difficult, anxious respiration, and sudden scraping and tickling in the larynx, with racking cough at night from want of breath, fear of pulmonary apoplexy. There is a rush of blood from the head to the legs, they feel as if paralyzed, stiff and cramped, or as if bandaged. All sores, on face, eyes, skin, etc., are surrounded by full and throbbing blood-vessels, and the eyes and glands of neck protrude. The sweat is

* *M. M.*, p. 462.

general and profuse in the morning, and every vein seems boiling with blood. There is also great sensitiveness to cold over the whole body, also probably as an alternate state, a strong desire for the fresh air which relieves, thus offering a strong contrast to mercurius and hepar, which are more asthenic in their action. As an appendix to this chapter on the heart, and consequent on the disturbance of the heart functions, we find burning and cutting over liver, frequent and copious urination, followed by scanty, hot, sandy urine, or mucous, turbid, whitish urine, quickly decomposing and probably albuminous. Symptoms pointing to interstitial inflammation of liver and kidneys with accompanying flatulence; protrusion of herniæ; piles and hæmorrhages. The salts develop no new symptoms in this department of the heart and its dependencies.

The ailments suggested here, and for many symptoms of which the writer has prescribed aurum with more or less success, are angina pectoris, vertigo, effects of over-exercise of athletes, abuse of coffee and alcoholics, endocarditis with its results, exophthalmic goitre, chronic abscesses of liver and bowels, chronic inflammation of kidneys, syphilis of lungs, asthma, and pleurisy.

Chapter second, on the bones, shows exostoses and caries, with all minor degrees of inflammation and tenderness over cranium, orbits of the eyes, lachrymal apparatus, nose, face, teeth, and especially the hard palate; also of all bones of extremities, and perhaps others. The nostrils are sore and painful, the secretions thick, gluey, and horribly offensive. The teeth are dull, painful, and sensitive to the air, the cheek bones burn, tear and draw, with painful boring nodes, and bony tumors appear on the head and about the eyes. The double chloride seems to affect the bones about the ear more, and the sulphate the bones of the spine, with the spinal cord. At first the bone-pains are relieved by exercise and motion; later, they demand rest and quiet.

The homœopathic applications are obvious, and many cures are recorded of ozæna, syphilitic and other tumors, caries, paralyses and nervous disorders from these affections of the bones.

Chapter third takes up the reproductive sphere, and we find excitement, with following congestions, swellings and neuralgias, increased discharges of all kinds, and much burning atridity. The mucous discharges are worse from the chlorides; the excitement, from the metal.

In complete accord with these symptoms caused, we find the curative range including syphilis, sarcoma, atrophy, subinvolution, ster-

ility, metritis, ovaritis, tetters and buboes, leucorrhœa, habitual abortions, menstrual irregularities, mastitis, morbid passions, polypi and tumors. We may mention here atony of bladder and enuresis.

Chapter fourth shows the symptoms of the mind, which have perhaps heretofore been represented as leading always to suicide—while that is only a feature of the general pessimistic mood, as it is of hepar, arsenic, and mercurius—all of which have been used in tendency to suicide, and often more successfully than aurum. Gold subjects are anxious and apprehensive, fearing surprise or intrusion; peevish, and wrathful if opposed; the memory at first is strengthened, later is much weakened; frightful dreams and screaming spells disturb the sleep; religious frenzy, and fears are strong; the prover weeps easily, is dejected, melancholy, and very weary. There is much tremulous uneasiness.

The emotions, as Farrington points out, are disturbed more than the intellectual faculties; the subject looks on the dark side of everything.

Chapter fifth concerns the organs of special sense—the eyes chiefly; they are congested, full and tense, very sensitive to touch and to light. There is much hyperæmia and infiltration, and a peculiar half-vision, as though only the upper or lower half of an object could be seen. The eyes feel as if full of sand; are stuck up tight in the morning; tears are copious, and objects appear mixed, blurred or double. The ears are deaf, and there is roaring and humming; also burning, pricking, itching, and moisture around and behind the ears. The sense of smell is exalted, odors are unbearable; afterwards there is loss of smell, with much soreness, burning and aching of the nose, with ozæna, and caries of bones. The end of the nose becomes red and swollen, sometimes scaly. The taste is insipid, sweetish, bitter, coppery, or putrid, as from spoiled game. There is stinging soreness in the throat, and tonsillitis, burning of the tongue, aphthæ and blisters.

In accord with these provings, we find cures in cases of pannus, keratitis, amaurosis, glaucoma, tumors of the eye and orbit, lachrymal abscess, all degrees of conjunctivitis, separation of retina, choked disc, accommodative irregularities, rum-blossoms and acne, dental fistules, diseases of tongue and tonsils; catarrh, of every rank, more rank, and less rank; caries of mastoid cells and destruction of ossicles, with fetid otorrhœa, warts on tongue, and mouth-breathing.

Remaining symptoms refer to nervous dyspeptic cases, hysteria,

insomnia, corpulency, rheumatism, colic, diarrhoea and constipation, jaundice, and three symptoms from the sulphate, enuresis, chlorosis, and alopecia.

As Fornias* showed in 1886, the salts of gold show in their provings, the influences of their component parts, suggesting *natrum muriaticum*, and sulphur.

Certain odd and peculiar symptoms are as follows: Desperate desire to throw oneself about, or out of window; urine like buttermilk; nervous cough only from sunset to sunrise, none at all by day; worse from noise, better from music; wants to go out doors even in bad weather, for the open air relieves; brown or bleached spots on skin; bones of head feel as if broken; hysterical vaginismus; loss of appetite for plain food; relief after bathing; menses appear very suddenly; labor pains drive to desperation; glossy bloatedness of face; sense of internal emptiness; feeling in head, from nape up, as if filled by a rush of compressed air; waking at 4 A.M.

Felleger's detail,† in syphilis, of aurum for the hard palate, mercury for the fauces, kali bichromicum for the pharynx, is good. Some claim aurum for brunettes, some for blondes.

The foregoing history shows an exemplification of the law that any force that acts upon the organism of man is powerful for evil just in proportion to its power for good, or powerful for good just in proportion to its capacity for evil; only it is necessary to vary the dose and the mode of application. This law of action and reaction is of the very widest application, and covers the whole range of human experience, as expressed in the proverbial phrase "too much of a good thing," and by that other maxim of practical philosophy, that it is necessary for a man to see and know his own mistakes and crimes before he can be led out of them. No suppression of records or vicarious suffering will do any good there.

It is this law of opposites which shows us that even so good a friend to man as gold, may, if selfishly absorbed, do harm. Gold is a sociable metal, and does most good when it is circulating freely from hand to hand; asked to linger with the individual, it burns his pocket if he keep it there, or his liver if he attempts to conceal it there.

Gold symbolizes the very love of heaven; every best and most interior affection men say is "as good as gold," what wonder then that in its opposite use it is so very destructive of the heart, which

* *Trans. Hom. Soc. Pa.*, 1886, p. 49.

† *Med. Advance*, August, 1893, p. 188.

is the seat of life, of the bones, which are the most individual part of the body, and of the organs that transmit life, the noblest use of the human race on earth.

Here is our question answered, why gold is so noble and yet so poisonous; it is a sort of a paraphrase of Hughes' remark of arsenic, that "the greatest of poisons is the greatest of medicines;"* here it is that the most useful of metals is one of the most destructive, but out of that very destruction homœopathy coins new values, using the experience gained as a means of preserving some other sufferer, perhaps an innocent one, from unmeasured misery and indescribable suffering. Hughes† also says that aurum is not yet used enough; it is one of the medicines of the future.

Once a college student, thinking to unset the doctrine of similia, asked the writer, "if you get in debt can you cure it by getting in more debt?" That is what the free-silver men seem to believe to-day, but that is not the way to state the problem; you go in debt for money or money-value, and it takes real money, or money-value to get you out of debt again, and to restore confidence.

As homœopaths we are not afraid to appeal to history and experiment, even when assailed by such majestic ignorance as that of Ernest Hart, of the *British Medical Journal*, who said before the Pan-American Medical Congress at Washington, under date of September 7th, as reported in the *Evening News* of that city, "We do not believe," he said, "and we cannot appreciate the medical capacity or the fitness to undertake the treatment of disease of those who hold that drugs which given internally will produce certain symptoms of diseases, are the appropriate remedies for those maladies." Then if gold causes any symptoms like those of syphilis, as we have proved that it does, Trousseau, Brunton, Martinneau, Shoemaker and the rest who advise its use in that disorder, are not orthodox in the opinion of Ernest Hart. We wonder if he always carefully avoids giving any drug in any disease, which could cause even the least symptom of that malady. Mr. Hart goes on with more language, but words never convince long alone; let him show that he has tried the experiments as directed by Hahnemann, and then let him publish his failures, if he can, and his successes, if he will.

In the preparation of the foregoing paper the following authors were consulted in addition to those quoted: Allen, Hering, Jahr, Teste, *Cycl. of Pathogenesis*, A. Lippe, Minton, Guernsey, Jones, and Norton.

* *Pharmacodynamics*, 5th edition, p. 262.

† *Ibid.*, p. 272.

THE RELATION OF PHYSICIAN AND OCULIST.

BY PETER COOPER, M.D., WILMINGTON, DELAWARE.

(Read before the Delaware State and Peninsula Homœopathic Medical Society,
November, 1893.)

GENTLEMEN: It occurs to me that it would be of very little interest to you should I recite at this time a list of cases in my chosen work—the eye—with a long and tedious detail of conditions, treatment and results. But there is a subject that should be both interesting and profitable to you; and through you I would like to address the whole general profession upon it. I state it thus: there should be a more general understanding of the aid an oculist can render the general practitioner, and a closer relation between them.

Without doubt there is no subdivision of medicine of which so little is known by the great body of doctors we call “the general practitioner,” as that of ophthalmology. The oculist is looked upon much as a fifth wheel in the running gear under the medical body, and of no utility. This lack of appreciation on the part of medical men is due: first, to the fact that in the college days of the majority of those now practicing, the study of ophthalmology was perfunctory and of minor importance; that after having acquired a busy general practice, no time is found to give the subject further study. It is due, second and chiefly, however, to the fact that the ophthalmologists have been so intent upon the subject—have so absented themselves from the congregate body of the profession into a little experience meeting of their own, that they have neglected to keep the profession informed of the beneficent aid of ocular work.

The ophthalmic journals (and how numerous have they become?) you do not take, nor need you. They are written in a language you would not comprehend unless you read the journal with one eye and a dictionary with the other: a bifurcated action, termed hyperphoria, which oculists are constantly trying to prevent. I maintain it to be a mistake for the oculists to confine their really voluminous writings to their special journals. They should pour a part through the journals of general practice, in a tongue that all read, to the end that the general practitioner may be more widely instructed as to cases in which he needs the assistance of the specialist.

The Doctor has been brought to recognize the fact that in opera-

tive surgery he has neither the time nor means of experience to enable him to keep pace with the rapid development of that branch of medicine. The chaos of a few years ago has disappeared, and surgery has become exact, and so large that the comprehension of no man is sufficient to make him a surgeon of to-day and a good general practitioner at the same time. It has even divided itself into sub-specialties, each large enough to occupy the mind and time of him who elects to follow any of the subdivisions.

The Doctor has come to remark "this is a case for a surgeon," and to immediately send the one to the other. The people are also educated to the same position, and surgery has reached a distinctive entity which you are obliged to acknowledge. This is right; and the practitioner will find it greatly to the advantage of his patient, equally so to himself, when he shall come to show the same consideration to the ophthalmologist that he does to the surgeon. He does to some extent in the large cities—but in the rural districts, small cities and parts most remote from college centres, the Doctor shows a most woful lack of appreciation of scientific optics, and a lamentable poverty of knowledge of ocular troubles. It is sufficient, they think, to refer the case to a travelling optician, whose greatest desire is to sell a pair of glasses, often allowing the vision of an eye to be irredeemably lost—as if a man could grow an eye, as does the scorpion his tail, whenever he needs one. I know how ignorant I was of the subject when in general practice, and I assume there are others not more informed.

In diseases of the eye and ocular surgery the services of a specialist are imperatively demanded. There should be no delay in referring the case to him, or in calling him to aid you. The insidious, and to the Doctor invisible, internal inflammations of the eye may do their destructive work over night. Should you visit with me one of our eye hospitals where 15,000 "sore-eye" cases are treated every year, and hear the tale almost all tell of how "their Doctor" treated them for "so long" and for so and so, and finally sent them there to see what was the matter and for treatment—you would be astonished at the prevailing lack of appreciation of the necessity for prompt and intelligent treatment of all ocular troubles, however slight. You would agree with me that the great majority of the general profession is, to say the least, careless; and my presumption in reminding them of it and their duty, is excusable. I have seen many eyes, afflicted with apparently trivial diseases, bereft irrevocably of vision because they came to the hospital too late

Only two months ago I received a case of "sore" eye which had been under treatment in the country for four weeks with all manner of lotions, etc., under the impression that the trouble was a cold. After a diligent search for foreign bodies I succeeded in locating and extracting a substance from the border of the cornea which was invisible to the Doctor or any one else except by means of illumination, as it had become quite transparent. It proved to be a section of the shell or bran of a grain of wheat. Had it not been for a witness present I could not have convinced the patient this came from his eye. Once convinced, however, he remembered having been struck on the eye a week before the eye began to inflame, by a grain of wheat.

Another case had been treated for some time for ulcers of corneaphlyctenular keratitis. They disappeared very quickly after picking a piece of imbedded steel from the bottom of each ulcer. That such oversights, if I may call them so, are not local is evident in the case of a lad who visited the Columbian Exposition. One of his eyes was painful and red on arriving there. A Chicago physician was called by the hotel, who, after due examination, prescribed a wash locally and medicine internally, pronouncing it "cold." After ten days of this treatment, having returned home, we removed an imbedded cinder.

I believe when the general profession and the people shall learn to consider the eye the most delicate organ of the economy, and deserving of the most tender consideration, the ophthalmologist will become the rival of the surgeon in the hearts of the doctors.

Refraction.—If a thorough understanding of a subject, and nicety of work in it, count in any of medicine's mechanical branches, it is in the measurement of the refraction of the eye, the determination of muscular balance and the consequent selection or non-selection of glasses. My short experience has shown me most astonishing results in the relief and cure of persistent headaches, general nervous troubles, and dangerous eye diseases, by careful refraction work—cases which, in general practice, I never dreamed, could have received aid from spectacles. The study of refraction has evolved completely out from and beyond the capacity of the optician, whether he be travelling or otherwise, similarly as surgery has grown beyond the ken of the barber.

Volumes enough to make a library are written upon the subject—works which you in general practice never see—which you would never read if you should see, nor understand if you should read.

It has become, like branches of surgery, a subdivision—a science in itself sufficient for one man's mind. He who masters it has little time for other studies in medicine; none for general practice.

I do not deem it necessary to relate to you in detail specific cases of refraction that have come under my observation, whether for glasses or gymnastics, in order to prove the far-reaching benefits of such treatment, but would suggest that you select a few of the many and tantalizing headaches you meet in practice, and send them to an oculist. The proof will be manifest. It is difficult to cite you symptoms that indicate invariably which is or is not an "eye case." The symptoms are so erratic—seldom manifest to you in the eye, often not even in the head. I have seen obstinate chlorosis suddenly improve after correction of errors of refraction, and go forward to a rapid cure under the doctor's care who sent the case. In a case of chorea in a school girl the physician could make no impression until he had the vision tested and corrected. Some writers claim that cases of epilepsy have been cured by the same means. It is good practice, however, to have all cases of obstinate pain and neuralgia about the eyes, head and neck referred to the oculist to settle the question for you.

There should be in every physician's office a simple astigmatic chart, and a card of test-type to be used at a distance of twelve to twenty feet. After a little practice you will be able to judge for yourself whether errors of refraction exist in a given case, and to demonstrate it to the satisfaction of the patient. You will not be able to determine the kind of error always, and the degree never, but you will ascertain enough to quickly convince the patient of the necessity of consulting an oculist. There are exceptions, however, and cases needing the specialist, in which you cannot detect any error and must be guided by your failure to relieve. This preliminary examination of yours pleases the patient greatly, will please you, and bear you out to a certainty in the majority of cases you may advise to be refracted.

In all obscure ailments—I might say all illnesses except the established fevers—you now invariably examine the urine to establish or eliminate the kidneys as a factor. My closing admonition to you is to give to the eyes the same thoughtful consideration.

DROSERA has spasmodic cough, coming on in the evening; efforts to raise the phlegm end in retching and vomiting; barking cough, coming so frequently that the patient cannot get his breath. Indicated in phthisis and whooping cough.

ON THE GASTRIC DISORDERS OF PREGNANCY AND THEIR HOMŒOPATHIC TREATMENT.

BY WILLIAM G. DIETZ, M.D., HAZELTON, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania, September, 1893.)

AMONG the reflex neuroses of the pregnant state, none are of more frequent occurrence than those, referable to functional disturbances of digestion, and generally manifesting themselves as the so-called nausea and vomiting of pregnancy, or the "morning sickness" of the laity. But few, when *enciente*, escape without some disturbance of this kind. Generally beginning about the fifth or sixth week of gestation, and ceasing about the end of the third month, to return again (in a certain percentage of cases) toward the end, and ceasing with the birth of the child. In another, and rather a small number of cases, it continues with varying intensity during the whole course of gestation. In a large number of cases no serious consequences on the general system are noticeable; while in a relatively small number, signs of progressive inanition or marasmus manifest themselves at even an early stage, and which, if not relieved, may lead to a fatal termination. These differences depend, on the one side, on the amount of nutriment the patient is able to take: and perhaps still more so, to retain; and, on the other hand, on individual peculiarities, as dyscrasias. Very often the vomited matter consists principally of mucus with only a small amount of ingesta. This is especially the case where the vomiting takes place some time after food has been taken.

The causes of these gastric disturbances necessarily reside in the neural annexus of the sympathetic nervous system. The inferior hypogastric plexus, a continuation of the solar plexus from above, sends fibres along the intervaginal vessels which form the so-called plexus intervaginalis. Surrounding the uterine cervix, at its junction with the vagina, lies a ganglionic mass, known as the cervical ganglion, and from which proceed the nerve fibres, devoid of ganglionic cells, which supply the lower segment of the uterus, and which increase both in length and thickness, *pari passu*, with the development of the gravid uterus. Irritations of the terminal filaments of these fibres is no doubt the primary cause of the phenomena under consideration, but why its effects should be almost *nihil* in some, and so variable in others, the pathology of the day has as yet failed to

demonstrate. As stated above, individual predisposition plays an important part ; those of a highly organized nervous system being generally more prone and suffer more severely than those of an opposite constitutional make-up, though exceptions to this rule are of not infrequent occurrence. Faulty positions of the uterus and orificial irritations of the lower outlets of the body may at times play a causal or at least conditional factor in the production of these troublesome and annoying and at times dangerous phenomena.

In the management of these cases due attention must be given to the environment and hygiene of the patient. All sources of irritation, whether without or within the economy, should be diligently sought for, and, if possible, removed. Especial attention should be directed to the functions of the bowels, the kidneys, and the skin. Constipation, a frequent complication in these cases, should be sought, to be overcome by regulation of diet, and if necessary by the employment of enemata or the so-called wheat gluten or glycerine suppositories. Obstinate and persistent vomiting, especially when accompanied by headache or drowsiness, would call for prompt investigations of the urinary secretions even in the absence of œdema or other symptoms suggesting nephritic disturbances.

In those cases where the vomiting is persistent, especially with intolerance of almost every kind of nutriment taken into the stomach, systematic feeding with predigested articles of food, and assisted by digestive ferments, becomes of paramount importance.

I here would especially recommend the use of peptonized milk, and the liquid peptonoids as prepared by Reed and Carnrick. These should be given in small quantities at short intervals, say every one or two hours. As a digestive ferment, in even less severe and more tractable cases, ingluvin has proved of especial service in my hands. In all severe cases, absolute rest must be insisted upon, and the patient restrained from getting up for the purpose of defecation or urination. Should the stomach absolutely refuse to retain sufficient nutriment, rectal alimentation must be resorted to. As to the induction of premature labor, as a *dernier ressort* to save life, I have nothing to offer from my own experience. The necessity for such an extreme measure, under homœopathic treatment, must be an extremely rare one, indeed.

The therapeutic part of this paper is, of necessity, a compilation, derived from all reliable sources within my reach.

Acetic Acid.—Sour belching and vomiting; profuse waterbrash and salivation, day and night.

Acon.—When the characteristic mental condition and restlessness are present.

Alum.—Gastric derangement of pregnancy in general; sensation of dryness of the mucous membranes. Inactivity of the lower bowel; constipation, or difficult expulsion of even a soft stool; potatoes disagree.

Anac.—Eating relieves the gastric symptoms (*chelid.*); torpor of the lower bowel (*alum.*).

Ant. Crud.—Status gastricus; tongue coated white (*kali mos.*); vomiting of food or mucus. Obstinate cases, other remedies fail.

Ars.—Especially indicated in severe and protracted cases, marked by great debility (*gossyp. aletris*); pallor of countenance; diarrhœa after eating; cold things, especially water, disagree.

Aletris Far.—Somewhat similar to *ars*. Obstinate cases, with great debility, pallor; attacks of fainting; but differs by its great tendency to drowsiness, sleepiness, and constipation. Suited especially to women who suffer from great general debility, chlorosis, muscular atony (*alstonia caust.*)

Asar. Eur.—Excessive nausea and vomiting. Stomach rejects everything; great chilliness (*puls.*).

Bry.—Nausea, early mornings; general aggravation from motion; vertigo or faintness on sitting up; dryness of lips, thirst for large quantities of water. Constipation.

Cale. C.—When the constitutional symptoms calling for this remedy are present.

Canth.—Vomiting, with violent retching and severe colic. Dysuria.

Carbol. Acid.—Vomiting, with violent parietal headache.

Coccul.—Nausea and vomiting, with vertigo; < on rising (*bry.*); general weakness; parietic condition of the lower extremities.

Con.—Intense nausea and vomiting in those suffering from scirrhusities (Guernsey). Vertigo; intermittent flow of urine.

Coleh.—Violent nausea and vomiting, < from the least quantity of food taken—sight, smell, or even thought of food (*sep.*).

Cucurbita Pepr.—Obstinate cases, on particular indications. Used in the mother tincture or lower dilutions.

Cupr. Ars.—Constant nausea, stomach rejects everything; great debility; spasmodic uterine pains.

Digit.—Deathly nausea (*tab.*); intermittent pulse, cold sweat.

Ferrum.—Sudden vomiting during a meal, without impairment of appetite. (*Æthusa*, child wants to nurse after vomiting.)

Gels.—Especially if dull headache, drowsiness, dulness of comprehension, and dimness of sight, are complained of.

Gossyp Herb.—Said to be useful in severe cases during the early months of pregnancy, accompanied by great prostration; nausea from least motion (*bry.*, *coccul.*).

Hepar.—Momentary attacks of nausea.

Ipec.—Continual nausea; vomits much mucus.

Tris. Vers.—Protracted cases, nausea and vomiting; vomited matter sour or bitter, with profuse ptyalism.

Kali Bi.—Long-continued vomiting; sudden attacks of nausea, vomits stringy mucus, cannot retain food, emaciation of debility.

Kali Carb.—Nausea during a walk without vomiting, or vomiting with faint-like attacks.

Kali Mur.—Vomiting of white mucus; tongue coated white.

Kreos.—Ptyalism, vomiting of sweetish matter.

Lac. Defl.—Morning sickness; deathly nausea on waking; constipation, vertigo, waterbrash.

Lactic Acid.—Nausea and vomiting of sour substances; sour taste; faint feeling in stomach; diarrhœa; pale anæmic women.

Lach.—Persistent vomiting, when occurring late in the afternoon and evening (*puls.*).

Lil. Tig.—If caused by malposition of uterus; frequent and copious urinations; palpitations.

Merc.—Morning sickness with profuse salivations; ulcerated gums; foetor oris.

Natr. Mur.—Waterbrash of thin mucus, nausea and vomiting 1 P.M., much morning headache.

Nux Vom.—Aggravation of all symptoms early morning; much headache and mental irritability; constipation; vomits or gulps up bitter or sour fluids, pressure like a stone in stomach (*bry.*).

Oxalate of Cerium.—Recommended and used by allopathic authorities with the usual result. Many failures reported.

Petr.—Especially in connection with head-symptoms (*arg. n.*). <riding in a carriage; diarrhœa only in day-time. (Only at night *puls.*).

Pod.—Excessive vomiting.

Puls.—Morning sickness. Vomiting of mucus; <afternoon and evening, chilliness (*asar.*); lachrymose, yielding disposition, thirstless, nightly diarrhœa.

Sabad.—No relish for food until after she takes the first mouthful, when she can eat well; burning sensation from stomach to throat.

Sep.—Severe cases; smell and sight of food sicken her (*Colch.*), empty, gone feeling in stomach, vomits a milky fluid.

Silic.—In women, whose menses were always accompanied by palpitation, nausea from increase of bodily heat after exercise; constipation.

Staph.—Canine hunger, relaxation of stomach; accumulation of water in mouth.

Sulph.—More nausea than vomiting; profuse ptyalism, the taste of which causes nausea, faintness, hungry A.M., aversion to meat, craves beer, brandy (*sulph. acid*).

Tabac.—Deathly nausea < least motion (*bry., digit.*).

Ver. Alb.—Nausea and vomiting, icy coldness, cold sweat on forehead; craves cold water, juicy fruits; diarrhœa.

Symphus. Rac.—Recommended some years since as *the* remedy for the nausea and vomiting of pregnancy. No special indications given. My experience with this remedy has been decidedly disappointing. Used in the 1x dilution.

REPERTORY.*

Nausea and Vomiting.†

Acon., acet. ac. (v), *ACT. RAC.* (n), *anac. ar.* (n), *aletris, ant. c., ant. tart., ARS., asar., bism., bry., calc. c., canth.* (v), *caps.* (v), *carb. v.* (n), *carbol. ac.* (v), *card. mar.* (v), *castor., caust., codein., cinnam.* (v), *coccul., coff., colch., con., cucurbita* (v), *CUPR. ARS., cycl.* (v), *digit., diasc.* (v), *ferr.* (v), *gels.* (v), *gossyp. herb., hell., helon., hep. s.* (n), *ignat., IPEC., iris, jatr.* (v), *kali bi., kali brom., kali carb.* (n), *kali mur.* (v), *kreos., LAC. DEFL.* (n), *lach.* (v), *lactic acid, lil. tig., magn. c., magn. m., merc., merc. jod., natr. m., natr. phos., natr. sul.* (v), *nux m., NUX VOM., op., oxalate of cerium, oxal. ac., petr., pod., psorin., puls., sabad., sabina, sang. can., SEP., silic., staph., stram., SUL., symphus rac, sul. acid, tabac., tarent., VER. ALB., ver. vir.* (v), *zinc.*

Nausea.

ATTACKS, momentary.—*Hep. s.*

— sudden.—*Kali bi.*

CONSTANT.—*Ip., cupr., ars., magn. c.*

* The relative value of remedies is indicated by SMALL CAPITALS for highest; italics for less important, and Roman for least important.

† The letter "n" after a remedy indicates the predominance of nausea; the letter "v" that of vomiting.

DEATHLY.—*Lac. deſt.*, *digit.*, *tab.*, *can.*

SEASICK, as if.—*Cocc.*, *petr.*, *tabac.*

Vomiting.

ACID.—*Acet. ac.*, *ferr. iod.*, *iris*, *lactic ac.*, *magn. c.*, *natr. phos.*, **NUX**
v., *oxalic. ac.*, *phos.*, *puls.*, *robinia*, *sang.*, *sul. ac.*

ACRID.—*Sul. ac.*

ASCARIDES of.—*Sabad.*

BILIOUS.—*Phos. ip.*, *nux v.*, *petr.*

BITTER.—*Natr. sul.*, *iris*, *merc. jod.*, *nux v.*

BLOOD of.—*Ferr. phos.*, *ip.*, *natr. m.*, *phos.*

DRINK of.—*Ars*, *phos.*, *bism.*

DARK (brown, blackish or greenish).—*Ars.*, *nux v.*

EVERYTHING TAKEN, of.—*Merc. jod.*, *asar.*

EXCESSIVE.—*Pod.*, *Asar.*

FOOD, of.—*Anac. ar.*, *bar.*, *ferr. m.*, *ferr. phos.*, *ign.*, *ip.*, *natr. m.*,
nux v., *puls.*, *sep.*

FLUIDS.—*Ars.*, *bism.*, *ip.*

FROTHY.—*Cupr.*, *natr. m.*

GREENISH.—*Cupr.*, *merc. jod.*

HOT.—*Puls.*

MILKY.—*Sep.*

MUCOUS.—*Ant. t.*, *bar.*, *dras.*, *cup.*, *ip.*, *kali m.* (white), *kali bi.*,
NATR. M., *PULS.*, *sep.*, *sul. ac.*

OBSTINATE.—*Psor.*, *Aletris*, *kali brom.*

PROTRACTED.—*ANT. c.*, *digit.*, *iris*, *kali bi.*, *lach.*

RANCID.—*Puls.*

PAINFUL.—*Oxal. ac.*

STRINGY.—*Kali bi.*

SUDDEN.—*Ferr.*

VIOLENT.—*Cup. ars.*

WATERY.—*Natr. m.*

YELLOWISH-BROWN.—*Merc. jod.*

Eructations.

ACRID.—*Lact. ac.*, *con.*, *mosch.*

EMPTY.—*Iod.*

SOUR.—*Lact. ac.*, *ign.*

SWEETISH.—*Zinc. m.*, *kreos.*

UNDEFINED.—*Ign.*, *arn.*, *calc. c.*, *china*, *magn. c.*, *magn. m.*, *sep.*,
sul., *ver. alb.*

Pyrosis, Heartburn.

Alum, ars., calc. c., calc. ph., caps., can., croc., diosc., *lact. ac.*, oxalic
ac., natr. m., *nux v.*, sabad., valer., ver. alb.

NIGHT, at.—Mere.

PALPITATION, with.—Mosch.

SWEETS, after.—Zinc.

SALTY ARTICLES, after.—*Natr. m.*

VIOLENT.—Croc.

Retching.

Ars., canth., ign., ver. a., valer.

Waterbrash.

Acet. ac., hep. s., *lac. defl.*, lact. ac., oxal. ac., staph., SUL. (profuse),
sul. ac.

Belching.

Acet. ac., ant. t., arg. n., *nux v.*, robin., sul., sul. ac.

SOUL.—Acet. ac.

MEAL, after every.—Arg. n.

Concomitants.

MIND.

ANGUISH.—ARS.

AFFECTIONS, loss of.—Acon., *Sep.*

DEPRESSION.—*Ign.*, lil. tig., *nux v.*, *puls.*

DESPONDENCY.—Sang.

FEAR, of a crowd.—Acon.

FEAR, of death.—ACON., ARS., act. r., coff.

IRRITABILITY.—Carb. v., *carbol. ac.*, CHAM., lil. t., *NUX V.*, robinia.

SIGHING.—IGN.

WEEP, inclination to.—*Lil. tig.*, magn. c., *PULS.*

Sensorium.

CONFUSION.—Gels.

VERTIGO.—Calc. c., cocc., can., graph., lac. def., *phos.*

— on motion.—Acon.

— running up stairs.—*Calc. c.*

— turning the head.—*Can.*

Head.

SYMPTOMS IN GENERAL.—Arg. n., petr.

PAIN, in forehead.—Carb. v., *carbol. ac.* (violent).

PAIN, *every morning*.—*Natr. m.*

—— *occipital*.—*Gels.*

—— *splitting*.—*Bry.*

AS IF EXPANDED.—*Arg. n.*

HEAT, *on top*.—*SUL.*

SWEAT, *cold on forehead*.—*VER. ALB.*

Vision.

DIMNESS, *of*.—*Cycl., Gels.*

Face.

EARTHY.—*Magn. c.*

FLUSHED.—*Bell., ferr.*

HEAT *of*.—*Kali bi.*

PALLOR *of*.—*Ars., bell., LACT. AC., ip.*

SPOTS, *yellow*.—*Sep.*

Lips.

DRYNESS, *of*.—*Bry., NUX M.*

WHITENESS.—*Valer.*

Mouth.

DRYNESS.—*Bry., NUX M.*

Teeth.

ACHE.—*Calc. c.*

Gums.

ULCERATION.—*MERC., Nitr. ac.*

Saliva.

HOT.—*Mosch.*

SALTY.—*Stram.*

TASTE, *causing nausea*.—*SUL.*

THIRST, *with nausea*.—*Stram.*

PROFUSE (*pytalism*).—*Acet. ac., ant. c., coff., helon., hep. s., iris, kreos., LACT. AC., MERC., mosch., phos., sabad., stram., sab., sul.*

Tongue.

COATING, *white*.—*ANT. C., kali mur.*

COATING, *yellow*.—*Kali bi., merc. jod. (base).*

SORENESS.—*CALC. C., MERC., NITR. AC.*

TINGLING.—*Acon., Alum.*

Taste.

BAD, morning.—*Nux v.*, PULS.

BITTER.—Ars., lyc., merc., merc. jod., NATR SUL., *nux v.*, puls., sul.,
ver. alb.

BLOODY.—Cocc., lil. tig., silic., sul., zinc.

FATTY.—Lyc., puls.

LOSS of.—Stram.

MANURE of.—Sep.

METALLIC.—Cocc., zinc.

OFFENSIVE.—Merc., valer.

SALTY.—Iod., lyc., merc., sep., sul.

SOUR.—Acon., bar., cinch., dros., LACT. AC., NUX M., *magn. c.*, merc.,
oxal. ac., phos., puls.

STRAW, like.—Stram.

SULPHUR, like.—Cocc.

SWEAT.—Puls., sabad.

Throat.

BURNING.—Iris (see stomach, burning in, extending to œsophagus,
and throat.)

HEAT.—Nitr. ac.

MUCUS, difficult to dislodge.—Caust.

NAUSEA.—Bell., cruc., cycl., phos. ac.

—— as from a thread.—Valer.

Gastric.

IN GENERAL.—ALUM, ant. c., ant. t., benz. ac., cadm., petr., sabad.
—— with head-trouble.—Petr.

APPETITE, loss of.—Digit., lyc., *nux v.*, rhus t., sabina, sabad., sul.
ac., tarent.

—— loss of, with a clean tongue.—Digit.

—— not impaired.—Ferr., puls.

FOOD, disgust for.—Ant. t., calc. ph., hell., laur., sep. silic., sab.

—— fat, disgust for.—Petr., puls.

MEAT, disgust for.—Graph., merc., SEP., sul.

BREAD, disgust for.—Lyc., NATR. M.

—— and water, disgust for.—Nux v.

LONGING for (*craving*), juicy articles.—Ver. alb.

—— fruits.—Ver. alb.

—— beer, brandy.—Nux v., sul.

—— everything cold.—Ver. alb.

LONGING, for raw food.—Tarent.

— *milk*.—Chelid.

— *oysters*.—Lyc.

— *salty food*.—Caust., natr. m., ver. alb.

— *undigestible substances*.—Alum.

HUNGER, canine.—Ver. alb., ZINC.

— *sensation of*.—Hell., NATR. M., rhus t., sep., silic., staph., sul.,
Ver. alb.

— *painful sense of*.—Sep.

— *yet no appetite*.—Sep.

— *cannot eat*.—Rhus t.

— — *on account of nausea*.—Silic.

— *even if stomach is full*.—Staph.

THIRST, absent.—PULS.

— Acon., ARS., TARENT., ver. alb., stram.

— *with ptyalism*.—Merc., stram.

Stomach.

BURNING.—Acon., ARS., canth., bism., caust., cham., digit., hell.,
helon., iris, lact. ac., merc. jod., nitr. ac., phos., sabad.

— *extending to mouth*.—Acon., lact. ac., iris.

— — *œsophagus*.—Digit., helb.

— — *throat*.—Nitr. ac., sabad.

— *as of lime being slacked*.—Caust.

— *in pylorus*.—Canth.

DISTENSION, of.—ARG. NIT., bar., cham., CHINA, robin., ver. alb.

DISTRESS.—Gossyp., helon.

EMPTINESS, *sense of faint*, “gone” feeling.—Anac., ignat., lact. ac.,
merc. jod., natr. m., sang., SEP., SUL., tabac.

GASTRITIS.—Helon.

HEAT.—Nitr. ac.

INABILITY TO RETAIN FOOD.—Asar., kali. bi.

PAINS.—Carbol. ac., lyc., nux v., cocc.

— *cramping, spasmodic*.—Can., CUPR., diosc., oxalic ac.

— *as of a load, after meals*.—Bry., nux v., puls.

— — *stone*.—Ars.

SENSITIVENESS.—Merc. (epigastrium).

TROBBING.—Puls. (epigastrium).

Liver.

DISORDERS OF.—Calc. c., magn. m., pod., sep.

Abdomen.

BURNING.—Canth., sabad.

DISTENSION OF.—Anac., bar., ign., lyc.

HEAT.—Sabad.

MOTION, sense of.—Croc.

PAIN.—Act. r., bry., cinch., CUPR. ARS., *canth. ip.*, kali. bi., kali c.,
ver. alb.

—— *cutting*.—Ver. alb., ip.

—— sharp, across abdomen.—Act. r.

—— stitches.—Bry., *kali. c.*

SENSITIVENESS.—Nux m., canth., sep.

SHOCKS IN, sensation of.—Tabac.

WEAKNESS, *emptiness, sense of*.—Phos.

Stool—Anus.

ANUS, *burning in*.—Caps.

—— weight, sense of.—Sep.

CONSTIPATION.—ALUM., *aletris, bry.*, carb. v., carbolic ac., cocc.,
kali bi., lac. defl., *lyc.*, *magn. m.*, merc. jod., NUX V., *op.*, *phos.*,
SILIC., *sul.*

DIARRHŒA.—ANT. C., *ant. t.*, ARS., caps., cham., ip., *lact. ac.*, petr.,
phos., puls.

—— *only in day time*.—Petr.

—— *nightly*.—Puls.

HEMORRHOIDS, piles.—*Esc.*, arum. m., *ant. c.*, *caps.*, EUONYMUS,
ATROP., natr. m., sul.

Urinary Organs.

DYSURIA.—CANTH., natr. m., phos. ac.

URINE, *copious*.—Lil. tig., *phos. ac.* (at night).

—— *frequent*.—Canth., cham., lil. tig.

—— flow intermits.—*Can.*

—— offensive.—Nitr. ac.

—— scanty.—Apis., *hell.*

Sexual Organs.

ABORTION, threatened.—Gels., ip., sab., sang.

LEUCORRHŒA.—Alum., cocc., *kreos.*, murex.

MAMMARY GLANDS, *burning in*.—Ars.

MENSES (when not pregnant) profuse.—Calc. c., lact. ac.

METRRORRHAGIA.—Sab., sec.

UTERUS, *burning in*.—Bry.
 — *malpositions of*.—Lil. tig.
 — *pain*.—Bry., gels., puls.
 — — *spasmodic*.—CUPR. ARS., magn. m.
 — *sensitiveness of*.—Gossyp.
 — *stitches (neck)*.—Can.

Thoracic Organs and Circulation.

CHEST, *stitches in left side of*.—Magn. m.
 HEART, *palpitation of*.—Acon., lil. tig., mosch., natr. m., silic.
 — — *with nausea*.—Silic.
 Hiccough.—Cycl., ign., nux v., ver. alb.
 PULSE *intermits*.—Digit.

Back.

PAIN, *small of*.—Arg. n., gels., kali c.
 HEAT.—Phos.

Lower Extremities.

ANKLES, *swelling of veins of*.—Lyc.
 COLDNESS, *of feet*.—Calc. c., sul.
 CRAMPS, *feet*.—Calc. c.
 — *legs*.—Rhus t.
 FIDGETY, *feet*.—Zinc.
 PAIN.—Arg. n.
 — *tearing in legs*.—Ver. alb.
 PARALYZED, *as if*.—Cocc.
 VARICOSE VEINS.—Carb. v., ferr., graph., ham., lyc., puls., zinc.

Sleep.

DREAMS, *of robbers*.—Natr. m.
 — *vivid*.—Senecio.
 SLEEP, *short, interrupted*.—Sul., phos. ac.
 SLEEPINESS.—Alettris, kali c., lach., NUX M., phos.
 — *constant*.—Alettris.
 — *meals, during*.—Kali c.
 SLEEPLESSNESS.—Cham., coff., senecio.
 — *after 3 A.M.*—Calc. c.

Fever, Chill, Sweat.

CHILLINESS.—Bry., cham., puls.
 COLDNESS.—Ver. alb.

COLDNESS, *icy*.—Sul. ac., valer.

FEVERISHNESS.—Cocc.

—— *last months*.—Colch.

HEAT, *of body*.—Chelid.

—— *flushes of*.—Alum., chelid., SUL., ver. alb.

—— ——— *with thirst*.—Ver. alb.

—— ——— *with nausea*.—Chelid.

SWEAT, *cold*.—Tabac., ver. alb.

—— *alternating with dryness of skin*.—Apis.

Skin.

ERUPTIONS.—*Ant. c.*

ITCHING BLOTCHES.—*Graph.*

—— ——— *bends of knees and elbows*.—Hep. s.

Constitutional States.

ANÆMIA.—*Ars., lact. ac., acet. ac.*

CARCINOMA.—Con.

CONVULSIONS.—*Bell., gels., helon., ver. v.*

DEBILITY, *prostration, weakness*.—*Aletris, alum., ARS., coca., eupr. ars., gossyp., HELON., kali bi., kali c., phos. ac., sul. ac., tabac., tarent., ver. alb., valer.*

EMACIATION.—*Acet. ac., aletris, ARS., kali bi.*

FAINTING.—*Aletris, alum., ant. t., ars., coccul., gossyp., kali bi., kali c., natr. m., nux v., phos., phos. ac., valer.*

Modalities.

AGGRAVATIONS.

ANGER.—*Bry., nux v.*

ASCENDING *a height*.—Benz. ac.

AWAKENING.—*Lac. def. (deathly nausea).*

CLOTHING, *tight*.—Calc. c.

DRINKING.—*Ars., phos.*

—— *Cold*.—*Ars.*

EATING.—*Ars., bry., cycl., ferr., nux v., natr. m., puls., tarent., ver. alb.*

—— *after*.—*Ap., nux v.*

—— ——— *and before*.—*Anac.*

—— *fat food*.—*Carb. v., cycl., dros., nit. ac., puls.*

—— *supper, after*.—*Kreos.*

EXERCISE.—*Sep.*, silic.

FASTING.—Phos.

FOOD, *smell.*—*Colch.*, *sep.*

—— *sight.*—*Colch.*, mosch.

—— *thought.*—*Colch.*, *sep.*

HEAD, *raising.*—Con., gossyp.

MOTION.—Ars.

—— *least.*—*Bry.*, gossyp, tabac.

—— *downward.*—*Bar.*

—— *riding*, carriage.—*Cocc.*, *petr.*, phos.

RISING, on.—Lac. def., cocc., tarent.

TEETH, *cleansing.*—*Sep.*

AFTERNOON.—Lach., puls.

AFTER MIDNIGHT.—Dros., ferr.

DAYTIME.—Acet. ac.

EVENING.—Lach., puls.

FORENOON.—Sul.

MORNING.—Anac., ars., bry., carb. v., cocc., CAN., digit., ferr. phos.,

gossyp., hep. s., ign., iris, kali m., lact. ac., lil. tig., merc., merc.

jod., natr. m., natr. phos., nux v., pod., puls., sang., *sep.*, tabac.

MONTHS, *early.*—Asar., gossyp., lyc., etc.

—— LAST.—Natr. m.

WEEK, *every third.*—Magn. c.

WALKING.—Kali c.

WATER, *sight of.*—Phos.

—— putting hands in warm.—Phos.

Amelioration.

DRINKING, *cold water.*—Cupr.

—— *milk.*—Chelid.

EATING.—Ign.

—— while.—Anac.

—— breakfast.—Lact. ac.

LYING DOWN.—Kali c.

MOTION.—Ars.

REST.—*Bry.*

RIDING, Carriage.—Nitr. ac.

WALKING.—Nitr. ac.

NYSTAGMUS.

BY H. L. NORTHROP, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.
September, 1893.)

WHEN a disease or defect is looked upon as incurable, we are too frequently inclined to take it for granted that little or nothing can be done to lessen or remove the abnormality, and for this reason devote our skill and research to other matters promising greater reward. This seems to be especially the case with the rarer bodily afflictions, and now you have one of my reasons for calling your attention to the subject of nystagmus. My paper will consist of the description of and comments upon a case of nystagmus, perhaps congenital.

Mrs. —, 22 years of age, is naturally nervous and excitable, and in March, 1892, became pregnant for the first time. During this pregnancy she was greatly worried, this worry increasing as she approached the later months of gestation. In the eighth month she suffered with acute bronchitis, coughing frequently for nearly two weeks. At the end of the eighth month she gave birth, normally, to a perfectly formed boy, head quite large, cranial bones thin, sutures abnormally wide and fontanelles very large. The child soon gave evidence of being nervous; he awoke from sleep with a start, and jumped suddenly at even a moderately loud noise, throwing arms and lower extremities quickly into the air.

When awake, whether lying down or held upright, his gaze was almost constantly directed upward, the eyes moving about moderately slowly, but aimlessly. Even though the face inclined downward, and toward the floor, the eyes were rolled upward. This apparently set position of the eyes continued for three or four weeks after his birth, when I noticed a marked but varying strabismus, together with a great deal of ocular motion and twitching in different directions. These vibratory movements were for the most part lateral, but associated with them was a rotary motion; the eyes moved simultaneously. This ocular condition grew worse in a short time, evidently because the child was making efforts to see, for it was noticed that the nystagmus was constant and more rapid whenever the little one's attention was attracted, or when he turned his face (as he would) toward a bright light.

He is now over nine months old, and his condition is as follows: Fronto-mental diameter short in proportion to the height and size of the forehead; very little expression imparted to the face because of the rolling and twitching of the eyes; sutures united, anterior

fontanelle still open, though much smaller; no symptoms of teeth or teething; cannot sit upright without aid; cannot creep. General health apparently perfect; ocular condition unchanged, except that vertical oscillations have been added to the horizontal.

The corneæ and pupils are normal in every respect; the media are clear; the red reflex, with the retinal vessels, is easily seen; the disk has not been observed; retinoscopy indicates myopia. There is perfect light-perception; the boy can apparently see and recognize his nursing-bottle, and has once (that I know of) returned the smile of his father, who had approached closely to him without making a particle of noise, for the purpose of determining whether the child could see or not. There is a choreic twitching of the right arm, and sometimes of the left, frequently present during the waking hours. When an object is presented to him, he usually takes it, putting out both hands, which may jerk convulsively until the object is secured. Anything held in his hands is kept very near the face.

The pathology of the various forms of nystagmus is imperfectly known. Numerous theories have been promulgated to explain them. Congenital nystagmus (Pepper) is usually associated either with cataract or imperfect development of the optic nerve and retina, *i.e.*, amblyopia. It is a frequent accompaniment of albinism and pigmentary retinitis. I know of two children, brother and sister, and both albinos, who are nystagmic. The boy wears glasses, and can see and recognize his mother when he is a square away from her.

Injuries and pathological alterations (such as embolism) of the cerebellum, medulla and angular gyrus have, according to several authors, produced nystagmus. It is a frequent and valuable symptom in disseminated sclerosis, while it is rarely present in locomotor ataxia. In disseminated sclerosis it may be the only symptom, Hammond says, for a year before other manifestations of the disease appear.

If the lesion is in the cerebellum it may involve the centres which govern muscular co-ordination. This, too, will explain the choreic movements of other muscles, frequently present in nystagmic cases, and in the one I have described. According to this theory, the function of the cerebellum is interfered with, thus disturbing the co-ordinating centres which govern the combined movements of the eyes.

Again, the cause of the nystagmus may be a bilateral amblyopia—a lack of ocular development—which, in the case I have recorded, is contingent upon the premature birth, the nystagmus being merely an objective symptom occurring during efforts at fixation. This theory seems to be the one best adapted to my case.

Norrie, of Copenhagen, states that the majority of oculists believe nystagmus to be caused by myopathia, while he is convinced that the real cause is to be found in the innervation. In some cases it will be possible to demonstrate palpable abnormalities in the brain; in the greater number of cases we are unable to find any pathological alterations. Norrie believes that it is not possible to explain the symmetry and synchronism in any other way than by supposing that the nystagmus depends on an abnormality—functional or organic—of the central mechanism of innervation.

Where nystagmus exists there must be some visual power at least, for persons totally blind are not nystagmic. Whether the visual power possessed by the case narrated will be of any practical use cannot now be determined. The child must first grow to an age when the refractive error (which probably exists, and to a high degree) can be estimated and corrected. This will, of course, be an important part of the treatment.

Eyes even slightly amblyopic cannot be given perfect vision, and an oculist usually "throws overboard" an amblyopic eye if its fellow is not similarly affected and can be made to see well. But in the case before us both eyes are probably amblyopic, and every effort should be put forth to give as good vision as possible, and the attempt should be made as soon as practicable.

One of the best and latest text-books on ophthalmology summarily deals with the subject of treatment as follows: "There is no cure for nystagmus." The author's convictions are so conclusive that he omits reference to even means of improvement or palliation. One of the first and most important of the latter is the correction of the error of refraction at an early age. This may be followed with efforts to control the ocular muscles by exercising them and practicing fixation. Probably more benefit may be obtained from persistent, judicious ocular gymnastics, together with the correction of the emmetropia, than we are aware of. Where strabismus complicates, tenotomy of the proper muscle should be done, or the atropine treatment should be instituted early, that the squinting eye may the more effectually be brought into use.

But we are not oculists merely; we are homœopathic physicians, though that does not imply that we can even ameliorate a congenital deformity, bring about a more nearly perfect development, or improve the functional condition. However, we can successfully treat chorea, and I believe my little patient's nystagmus has a choreic basis as well as an accompanying amblyopia.

For the internal treatment of nystagmus we have the following list of remedies: *Agaricus*, *belladonna*, *cuprum metallicum*, *hyoscyamus*, *ignatia*, *jaborandi*, *physostigma*, *nux vomica*, *pulsatilla* and *sulphur*. Instead of selecting a remedy for the nystagmus, I think it would be more rational, and better homœopathy, to direct the medical treatment in my case toward the amelioration of the chorea.

Therefore, prematurely born, amblyopic and choreic, my patient's nystagmus is but a third link in the same chain. One thing has puzzled me more, perhaps, than anything else, and this may be a point for discussion: What caused or led to the persistent upward gaze during the first two or three weeks of this boy's life? The nystagmus followed upon that; and, remember, it is the steady, prolonged upward looking, in poor light, that gives to the miner *his* nystagmus.

Two cases of acquired nystagmus have been reported by Hoor. One of these was in an infant nine months old, who developed nystagmus after prolonged upward looking at a toy. The other occurred in a man who for years spent from half an hour to an hour each day before a mirror, pulling gray hairs out of his scalp. Both cases were cured by the removal of the exciting cause.

A FEW REMEDIES HAVING AMELIORATION FROM EATING.

BY JOHN L. FERSON, M.D., PITTSBURG, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania,
September 20, 1893.)

IN this study I have not made reference to any symptom of the drugs presented except those which properly belong with the one under consideration. This is an advantage, as a clearer idea of each drug picture is thus obtained—a more striking impression made on the mind, and in making practical use of the symptoms here set down, farther study will quickly reveal the remedy indicated.

The symptom of relief from eating food where relief refers to the stomach is usually an indication of a functional disease of the stomach. Da Costa regards it as a trustworthy sign of pure neuralgic gastrodynia; however, it is sometimes present in cases of gastric ulcer.

Ambra grisea.—Toothache, chill, and oppression in chest better after eating.

Drawing pain now in one and again in another tooth, worse by warmth, momentarily relieved by cold; not worse by chewing, and passes off after a meal; at the same time the inner portion of the gums was swollen.

Asthma.—Oppression felt in chest and between scapulæ; it subsides for a short time after eating.

Chill in the forenoon, with lassitude and sleepiness, relieved by eating.

The relief to toothache, so far as I can learn, is unique. The relief to chest oppression is similar to graphites.

Anacardium.—Relieved by eating and during digestion; cough relieved by eating.

Symptoms disappear during dinner; begin again after two hours.

Morning sickness of pregnancy relieved while eating, but symptoms soon return.

This remedy has always been one of the very first to suggest itself to me in cases where relief is had from eating, especially where the relief was only while eating, but the aforementioned authorities do not so state it. However, Lilienthal says there is constant desire to eat, which gives momentary ease, but the hunger is never assuaged, and pain and distress may be again relieved by eating.

Farrington says: Better while eating; worse after. The relief of nausea makes it comparable to grat., ign., vibur. op., nat. c., kali bi., brom., phos., sabad., lyc., magno. gr., and berb.

Sabadilla has nausea before meals, relieved by eating.

Berb. v., lyc., and magnolia gr. have nausea in the morning after rising, relieved by eating breakfast.

Gratiola has nausea, relieved by eating; also by eructations.

Ignatia has nausea; even empty retching relieved by eating.

Bromine, too, has nausea, with which there may be retching; relieved after eating; gastric symptoms relieved by black coffee.

After eating, nausea and pains in stomach are relieved; emptiness in stomach relieved after eating, for which, however, he has no longing.

This emptiness in the stomach accompanies diarrhœa, and its relief from the use of black coffee makes it worth while to mention *oxalic acid*. Both have gastric symptoms, relieved by eating; ox. ac. has a diarrhœa made *worse* from the use of coffee.

Kali bi.—Nausea ; feeling of heat over body, with giddiness ; rush of blood to head ; worse on moving about in morning, at sight of food, *after meals*, and after stool ; excited by drinking and smoking ; relieved by eating and in open air.

Natrum sul. has nausea before meals. In the morning, after rising, there is boring in the stomach, as if it would be perforated ; or burning and pinching, relieved after breakfast ; tearing pain around umbilicus, with flatulence in the morning, relieved by eating.

Phosphorus.—Nausea > by eating.

Vomiting of food relieved for a time by ice or very cold food or drink, for which there is a craving, but the relief only lasts till the cold food or drink has become warm in the stomach, when it begins again.

Dyspeptic pain in stomach, with pain in back opposite stomach (*nux robinia*) ; relieved by eating a few mouthfuls of food about 11 A.M.

Cardialgia, with GNAWING, relieved by eating ; worse from motion, with sense of distension ; excessive acidity, with violent palpitation of heart, especially after dinner.

Viburnum op.—Constant nausea, relieved by eating, followed by vomiting ; nausea and faintness ; every little while, at noon, is obliged to lie down ; relieved by eating, but felt again immediately afterwards ; constant nausea, without inclination to vomit ; relieved by eating. Feels all right while lying quiet, but has deathly nausea the moment she moves.

Calcarea phos.—Dyspepsia, within describable pain in region of stomach ; only temporarily relieved by eating. (Clinical.)

The temporary relief gained by eating recalls *anac.*, and will farther on be found under *caps.*, *chel.*, and *mez.*

Capsicum.—Better while eating, worse after eating ; where or how much not stated.

Chelidonium.—Gnawing, grinding pain in stomach ; relieved *while eating* ; all complaints lessen after dinner.

Eating relieves pains in stomach and region of liver ; aching, gnawing pain in stomach, with a sense of constriction ; worse from pressure, relieved from eating ; constant aching pain in stomach, relieved after food ; pain in region of liver, relieved by eating ; gastric disturbances, temporarily relieved by eating ; prefers hot drinks and food. *Chel.* alone has a grinding pain ; the gnawing pain, *lach.*, *lith. c.*, *nat. c.*, *ox. ac.*, and *phos.* have.

Ferrum.—Vomiting relieved as soon as he eats. Similar to phos., without the craving for and relief from *cold* food or drink; spasmodic morning cough, relieved by eating.

Fluoric acid.—Sensation of emptiness in region of navel, with desire to take deep breath; relief from bandaging or eating. The location of the empty sensation and the absence of nausea or retching will serve to prevent confusing this remedy with brom.

Gambogia.—Ulcerous pains relieved by eating.

Graphites.—Gastralgia relieved by eating, but the colic lower down in the abdomen comes on immediately after eating; worse below the umbilicus. (Clinical).

The patient wakes up at night gasping for breath; sudden dyspnoea, which is temporarily relieved by eating. The suffocative awakening, in a case with relief from eating, suggests lach.; but while lach. has such relief, it does not have its suffocating spells relieved by eating. Ambra is recalled by the relief of dyspnoea from eating.

Hepar.—Empty, sinking feeling at stomach; feels strong and comfortable after eating.

Pressure and pain in stomach relieved by eating, eructation and passing flatus.

This emptiness, with a sinking feeling, is more pronounced than the empty sensation recorded under brom., and is similar to what we will find under ox. ac. and petro.

Iodine.—Feels better after eating a good deal. Suffers from hunger; must eat every few hours; gets anxious and worried if he does not eat; feels better after eating. Most symptoms are better after eating. Spasmodic pains in stomach, relieved by eating. The mental condition caused by hunger marks the peculiar action of this medicine. Its progressive emaciation and other constitutional symptoms aiding.

Lachesis.—Gnawing in stomach, relieved by eating; but returns after a few hours.

Generally improved when eating; better from eating fruit.

Craving hunger, relieved after eating; worse after acid drinks; constipation; abdomen sensitive to weight of cloths; flushes of heat; flushes after eating, after mental or physical effort.

Lithium carb.—Headache ceases while eating, but returns and remains until food is again taken.

Gnawing in stomach, worse before a meal; relieved while eating.

Magnesium mur.—Eroding pains in stomach, going off before eat-

ing, and coming again at end of digestion; tongue clean; too red. Severe cardialgia; attacks vary in duration; pains pressing, disappear while eating, and reappear about an hour afterwards; palpitation relieved by getting up and walking about; in sleeping must lie on left side; on awaking and for about an hour after breakfast feels quite well, then cardialgia sets in and occurs several times during the day; stools hard, like sheep's dung; leucorrhœa before menses; menses fourteen days late.

Everywhere in this remedy the pains in the stomach are recorded as "eroding." Inasmuch as the same sensation is given under *chel.*, *ox. ac.*, *lach.*, *lith. c.*, and *phos.*, as "gnawing," and as the two words are the same in meaning, uniformity of expression should rule, and the gastric pains of *mag. m.* be recorded as "gnawing."

Mezereum.—Ulceration of the stomach, with burning and great uneasiness, temporarily relieved by eating; hence constant desire to eat. Recalls *anac.* and *caps.* With *anac.* the symptom has its base in a prostrated condition of the nervous system.

Natrum carb.—Gnawing and pressure in stomach, relief from eating. Indigestion particularly marked after vegetable diet, particularly starchy food. Nausea and retching, with pain and soreness in stomach, worse from touch, relieved by eating. Gnawing and pressure in stomach, with distension and "gone" feeling. Weak feeling about 10 or 11 A. M., relieved by eating.

Lachesis has gnawing pain, relieved by eating, but is relieved also by eating vegetables and fruits. The weak feeling, about 10 or 11 A. M., relieved by eating, of course reminds one of *sulph.*; also of the dyspeptic pain of *phos.*, which is relieved by eating, about 11 A. M.

Oxalic acid.—Empty feeling, compelling one to eat; gnawing in stomach, relieved by eating. Soup relieves gnawing at stomach. *Ox. ac.* is the only one of the remedies having a gnawing pain in the stomach relieved by eating, having also the empty feeling in the stomach.

The gnawing of *chel.* is accompanied with a grinding sensation, a sense of constriction; pain in the liver, and desire for hot drinks and food. That of *lachesis* by accompanying relief from eating fruit, and great sensitiveness of the abdomen, with intolerance of any compression. That of *lith. c.* by an accompanying headache, also relieved by eating. That of *mag. m.* by palpitation of the heart. That of *nat. c.* by the special aggravation following vegetable or starchy food and the "gone," weak feeling in the stomach about 10

or 11 A. M. ; and phos. by the craving for cold food and drink, the vomiting and pain extending through to the back.

Petroleum.—Sensation of emptiness and weakness in stomach. Gastralgia, with pressing, drawing pains, relieved by continual eating. Gastralgia when stomach becomes empty.

Cardialgia. Violent pain in stomach, extending up into chest, with sweat and nausea ; pain came at night, in morning after getting up, before dinner and in afternoon about 5 o'clock ; after moderate eating it did not come on ; on the contrary, if stomach was empty and he felt it coming on, the taking of some food prevents its outbreak.

Phyostigma.—Headache characterized by invariable relief of pain after eating. This is like lith. c. *Psorinum* has pain in head, as if the brain had not room enough in the forehead ; when rising in the morning, a forcing outward. Relieved after washing and eating.

Pulsatilla.—Weight in epigastrium an hour after eating ; relieved after eating again. Clawing in stomach in morning after rising, as from long fasting ; relieved after eating.

Sepia.—Atonic dyspepsia with amenorrhœa ; the nausea and vomiting generally relieved by eating and lying down.

PSORINUM IN SYPHILIS.

BY EDWARD M. GRAMM, M.D., PHILADELPHIA.

(Read before the Philadelphia Medical Club.)

UNCOMPLICATED cases of syphilis, under ordinary circumstances, offer few difficulties in the way of remedial treatment, the range of remedies from which to select being comparatively limited and clearly indicated. There are, however, a class of cases in which what is usually called anti-syphilitic treatment seems to fail, and where a closer individualization of the symptoms will lead to the selection of drugs that are not, as a rule, classed with the anti-syphilitic group. This is particularly the case in late skin manifestations. Many a person is dosed with iodide of potash or with a combination of iodide of potash and mercury, or an alternation of them, in syphilis, who would be much better off if the use of those remedies were discontinued for a time and others substituted that are more clearly indi-

eated by the symptoms of which the patient complains. Not that I would advocate the use of other remedies exclusively nor the dispensing with mercury and iodide of potash; for I do not feel that we can say with positiveness that the fear of some authorities that without mercury and the iodide of potash it is impossible to eradicate syphilis from one so unfortunate as to have become the prey of that poison, is erroneous. I do think, however, that we allow ourselves to rely alone on remedies that are not indicated by the symptoms at all stages and in all persons, instead of approaching the prescribing for a case of syphilis in the same frame of mind that we approach other diseases. There are very few students of the Homœopathic materia medica who would allow themselves to fall into the habit of thinking that a certain remedy must be given in a certain type of disease, no matter what symptoms the patient experiences and what indications other than would indicate a class of medicines can be elicited. It is this reliance on mercury and iodide of potash that retards the cure in many cases, and gives a close individualizer who may be called in to follow those of us who have a routine course of remedies and a routine time in which to give them, to reap the credit of having removed the disease manifestations; whereas, we could just as well have obtained the results and the credit by keeping our minds alert to the fact that individual deviations from mercury and iodide indications are to be met by remedies whose indications are manifested by a given patient. It has been my endeavor to watch cases of syphilis with an unbiased eye for indications of remedies, no matter to which one of them I might be led by the characteristics exhibited. In many cases, thus far, I have been surprised to find that remedies totally unexpected would be indicated, and I have also found that groups of disease manifestations have disappeared under the administration of potentized drugs (which, however, is not a matter of surprise; for if the homœopathic law for the selection of remedies be applicable to one disease it must be applicable to another). Several cases of each class of tertiary skin manifestations have come under my observation in which I was led by the symptoms to give psorinum. Mercury and iodide of potash had been given, and had each done the work for which it had been administered. Progress up to a certain point had resulted, so that no disappointment could be felt by me nor by the patient. However, a time ultimately came when a standstill seemed to have occurred in the disease. Close questioning could not elicit characteristics for any other mercurial than the one that had been given, and

iodide of potash symptoms were entirely wanting. Nothing else than a re-examination of the cases could then have been in order. The result of going over the cases carefully was that psorinum was indicated. Personally, I would not like to take the nosodes in a low potency, nor would I like to have any of my patients take them so; on that account, I am in the habit of giving them in the 30th or higher. Results which were obtained were of such early occurrence after the administration of the drug that the conclusion was forced upon me that the change must be the effect of the medicine last given, and not of those previously administered. The symptoms which led me to the administration of psorinum were:

Great depression of spirits, even to suicidal tendencies (often aurum was given first with no result); irritability; dryness of the hair, particularly if it had lost its normal lustre; redness of the edges of the eyelids and acridity of the secretions from the eyes, so that a dermatitis would be produced on the cheeks below the eyes; decided photophobia where such a dermatitis existed; tendency to obstinate rhagades at the corners of the mouth and rawness of the auditory meatus; throat inclined to be dry; lack of energy and ambition; aggravation from changes of weather; skin has a dirty, greasy, yellowish color; disagreeable or positively offensive smell of the surface, even in persons who are ordinarily cleanly; where ulcerative lesions exist, they have a dirty, uncared-for look; lack of response to remedies that seem to be indicated or which act for a short time and then improvement stops. It might be well, right here, to say that there is no use in giving psorinum if the patient keeps on with the use of coffee.

While for myself the results that I have obtained are sufficient to prevent me from forgetting the possibility of psorinum being indicated, yet it might be well for me to give the history of three cases, standing as types of their class, to make the foregoing statements more impressive.

My first case is one that typifies the tubercular eruption, which disappears without ulceration, and leaves behind it marked pigmentation. The patient was a man, aged 32, who had acquired syphilis about eight years before coming under treatment. At a number of points on the surface, groups of large papular or tubercular lesions had made their appearance. Particularly was this the case over the shins from about five to nine inches above the anterior edge of the internal malleolus. Dusky red pigmentation would result where absorption of the lesions would take place. He came to me from an-

other physician with the statement from the doctor that mercury and iodide of potash had been faithfully used and in full doses. A close examination showed many psorinum characteristics. Improvement immediately commenced, and in about three months no further signs of disease than the pigmentation could be seen.

My second patient was a barber, in whom a scanty pustular syphilide developed almost all over the body, resembling small-pox very much. The characteristic crusts of rupia soon developed upon these scattered pustules. This eruption developed about two years and a quarter after the initial lesion. Visceral symptoms could not be elicited. Iodide of potash was first given in increasing doses; then iodide of potash and biniodide of mercury (the double iodide of mercury and potash); then corrosive sublimate by intramuscular injection. No improvement followed a three weeks' treatment by these measures. On thinking over the case, the thought occurred to me that the man had such an unpleasant smell about him that giving him the injections daily was very disagreeable, and that I should have taken that matter into consideration earlier and given psorinum. Mercury and the iodide was thereupon stopped, and in four months what seemed like a complete restoration to health had taken place. I might say that this man has been under observation about three years, and nothing has shown itself since except a slight eruption in the form of slightly desquamating plaques on the ankles that could easily be mistaken for eczema.

Finally, my banner case for psorinum is one of congenital syphilis, the patient being a girl, æt. eight years and eight months. The mother denied a history of syphilis, but the lesions on the child were too characteristic to be mistaken. In the first place, the upper central incisors showed the central notching described by Hutchinson; the child had irregularly developed long bones, and just above the left ankle an enormous node had developed from the tibia. She had numerous ulcers which varied in diameter from one to two inches. They existed in front of each ear, where they were about one and one-half inches in diameter, and secreted a peculiar serous discharge (somewhat similar to that which runs from superficial epitheliomata), as well as pus. On the inner faces of both arms near the elbows she had similar ulcers, as well as in the right popliteal space. On both thighs near the groins, tuberculo-ulcerative lesions had developed in groups. Her hair was full of nits, and numerous lice could be seen upon the scalp (these insects were destroyed by infusion of tobacco). The peculiar, indescribable, unkempt and uncared for ap-

pearance of this patient cannot be described. An exquisite sensitiveness to contact characterized the lesions, so that the mother could not dress them as she would have liked to have done. Offensiveness characterized the exhalations from the surface. The mother was directed to dress the ulcers with olive oil and wash them well as soon as possible. In three weeks many of the ulcers had completely healed, the sensitiveness to contact was about gone, and the mother became careless about returning for treatment. Twenty-six days later she again brought the child for inspection and she had still kept on improving.

To summarize the foregoing, I might say:

1st. Psorinum is of undoubted value in syphilis.

2d. Tertiary syphilis seems to be the terrain in which the remedy is mainly active, although inherited syphilis may call for it, too.

3d. I would not recommend the remedy for removing interstitial or localized gummatous infiltrations located in the viscera; it seems rather of value in skin manifestations. The general health, however, is improved when it is administered where it is indicated.

4th. It does not supersede treatment by mercury or iodide of potash, but seems rather to be an intercurrent remedy or one to awaken the dormant vital energy when mercury and iodide of potash have brought about some improvement and the case seems at a standstill.

A CASE OF RHEUMATISM PRECEDED BY AN ATTACK OF TONSILLITIS.

BY F. H. PRITCHARD, M.D., WEAVER'S CORNERS, OHIO.

SOME writers lay especial stress upon the coexistence of tonsillitis with rheumatism. Cheadle describes it as one of the phases of rheumatism, in childhood, which may alternate with the articular symptoms. Osler, in his recent work on the *Principles and Practice of Medicine*, p. 333, refers to their connection, but cannot believe that there is any striking connection between the two affections, except that an attack of acute rheumatism is not infrequently preceded by an inflammation of the tonsils. Dr. D. Bryson Delavan, in his article on the "Tonsils and their Diseases," in Wood's *Reference Handbook of the Medical Sciences*, does not mention it; neither is the relation of tonsillitis and rheumatism acute spoken of in the article on "Rheumatism" in that same work.

Bouillaud, in his *Traité Clinique du Rhumatisme*, etc., Paris, 1840, does give mention to this preceding symptom in his complete work on this disease under "Symptômes Dits Généraux, Sympathiques, Reactionnels," p. 248: "Quelques malades se plaignent de mal de gorge, de gêne dans la déglutition. Ces phénomènes sont accidentels et tiennent à la coïncidence d'une angine rhumatismale, coïncidence dont nous avons en cet moment, un exemple sous les yeux, chez une jeune rhumatisante couché au No. 10, de la salle Sainte-Madeleine;" or, in English, "Some patients complain of sore throat or difficulty in swallowing. These are only complications, and point to the existence of a rheumatic angina of which I have, at present, an example under my eyes in a female, in bed No. 10, in the ward St. Madeleine." In the fifth chapter of his work, p. 270, on the "Retrocessions and Metastases of Rheumatism and its Termination in Other Diseases," he states, on page 282, that he has never seen an articular rheumatism appear suddenly after the disappearance of a rheumatic inflammation internally, that is, as he calls it, a reversed metastasis, from within outwards, in which one could admit the reciprocity. This reciprocity or metastasis, in reversed order, is admitted by some writers, and recently by Prof. Potain (*La Semaine Médicale*, No. 3, 1893) in a clinical lecture on tuberculous pericarditis, at the Hôpital de la Pitié, in Paris. In a case of this form of pericarditis, with no other signs than an acute beginning and friction sounds at the apex of the heart, a diagnosis of rheumatic pericarditis, respectively, acute articular rheumatism, with the symptoms in reversed order, was made, and the appearance of the articular symptoms awaited with a degree of certainty. This reversing of the chronological and usual order of the symptoms may also occur in mumps when an orchitis precedes the parotiditis. Compeanu reports such a case (*Spitalul*, No. 9, 1893). A reversing of the usual order and time of the appearance of acute rheumatism is granted by this writer, and he has described cases within a few years. But, ordinarily, the articular manifestations appear within three or four days. In a case with a sudden beginning, having a chill like pneumonia, one may think of possible rheumatic pericarditis.

Roche, in the article in the *Dictionnaire de Médecine et de Chirurgie Pratiques*, vol. iii., p. 457, says that an acute attack of rheumatism is sometimes preceded for some time by malaise, nose-bleed, sensation of heat and inflammation in the throat, etc. J. Solis Cohen, in the article written by him on "Diseases of the Tonsils," in Pepper's *System of Medicine*, vol. ii., speaks of rheumatism as being a

limited cause of tonsillitis. Acute articular rheumatism, he says, is, in fact, sometimes preceded by a rather sharp attack of tonsillitis (rheumatic tonsillitis), which sometimes subsides, spontaneously, in a few days, sometimes within one day, sometimes suddenly and synchronously with the onset of the ordinary manifestations of rheumatism, though the latter are often slight and transient, as if the force of the disease had been spent on the tonsils. Rheumatic tonsillitis, as would be expected, is most prevalent during atmospheric changes. Cohen speaks of metastasis to the joints or muscles in rheumatic tonsillitis as being one of the methods of terminations—to the lungs, brain, or gastro-intestinal tract—formerly occurring with much more frequency under the former direct depletory treatment. He claims that rheumatic tonsillitis is best treated with sodium salicylate, ten to fifteen grains every hour until relieved. Instituted in the formative stage, he says, this treatment will frequently appear to be veritably abortive. Oil of wintergreen, in doses of ten to twenty minims, may be used as a substitute.

Trousseau, in his "Clinical Lectures," *Clinique Médicale de l'Hôtel Dieu de Paris*, vol. i., p. 357, while describing phlegmonous tonsillitis digresses to describe a rheumatic form, l'angine rhumatismale, which is as painful as the former form. He presents the following picture:

A patient, subject to rheumatic pains, takes a cold. At the end of a few hours he experiences a very violent pain in his throat, so great that he can scarcely swallow a drop of water or even his own saliva, deglutition of small quantities of liquid being more difficult than of solid foods. This is explainable by the fact that to force water down the œsophagus more energetic contractions of the pharynx are necessary than for a larger-sized body. Examination of the affected portion reveals the interior of the pharynx and velum palati of a more or less pronounced red color; the uvula invaded by the inflammation is œdematous and elongated. All these phenomena will disappear with great rapidity, for they are as fugacious as all rheumatic affections. Indeed, the next day after the angina has developed it will have yielded as if by enchantment, and, at the same time, another pain will be found to occupy the neck, as a torticollis, and twenty-four hours later the shoulder may be seized. The tonsillitis usually lasts from thirty to forty-eight hours. At the beginning it is impossible to distinguish a rheumatic from a phlegmonous tonsillitis. Physicians often think that they have aborted an attack of the phlegmonous variety when it was but a short-lasting rheu-

matic attack. After this long preface I report my case, the details of which are as follows :

A young lady, German, 20 years of age and of a moderately healthy family, was suddenly seized with sore throat, fever of 102° , pulse 120, aching in the back and limbs, prostration. I examined her throat, and found it reddened, swollen, the tonsils enlarged and the tongue covered with a slight yellowish coating, appetite reduced. Diagnosis : phlegmonous or suppurative tonsillitis. I gave bryonia 1x. The next day she was no better, the night being passed sleeplessly and the symptoms aggravated. The third day I was sent for, as she feared that she would suffocate ; her tonsils nearly filled the fauces and presented white spots on the follicles. I advised hot applications, flannel compresses wrung out in hot water, and steaming the throat with vinegar and water. Slight relief. Mercur. biniodide, 2x, one tablet every hour. The next two days were passed in misery, the nights sleeplessly, sitting up in a chair. The tonsils were enormously swollen and nearly filled the fauces. I thought that they might harbor pus in their depths, and punctured them with a bistoury, believing that if there were no pus, the scarification would do no harm. They swelled still more, the punctures suppurated profusely, and I, in disgust and fearful that she would suffocate or die with thirst, gave her potassium chlorate, in doses of five grains every two hours, as a last resort before introducing a tonsillitome and removing the whole affair. In a day she was markedly better, and the next day quite comfortable. Moral : Do not lance a tonsil until you are certain that there is pus within reach. On the evening of the fifth day I was summoned, and found that her left ankle was enormously swollen, painful and red around the articulation. Movement or touch was painful, no appetite, urine lateritious, fever of 102° , pulse 125, and she was quite depressed from the tonsillitis. Bryonia again was given, with negative results, the night being passed, with severe pain, in her chair. The next morning the condition was the same, and the right knee invaded, though not so severely as the ankle. I then gave her a mixture containing salicylic acid and the acetate of potash, five grains each, every hour, the first day. The next day she was much better as regarded pain, though the swelling was undiminished. The salicylic mixture was continued every two hours that day, with still good results. The day following she was able to be up and hobble about, contrary to my orders. I replaced the internal medication by a salve of salicylic acid and lard, one drachm to the ounce, to be applied every

three hours. In a day she could walk with some ease, and though the foot was still swollen somewhat, stiff and weak, the pain was gone and she was happy.

I offer no excuse for my using the salicylic acid treatment, for we do not know how homœopathic this treatment of rheumatism is, or whether it be so or not. It will often cure an uncomplicated case of acute articular rheumatism more rapidly than other methods, and the end is what one desires in practice, while the means come in for secondary consideration. I have found, from my own observation, reading and the practice of others, that acute articular rheumatism is somewhat of a stumbling-block in homœopathic practice; for though the results are equally as good as those of other schools, homœopathic remedies do not seem to act as they should in this apparently simple affection, which is, in all probability, more complex than all our philosophy dreams of. Again, I must admit that at times, with homœopathic remedies, I have obtained astonishingly good and rapid results; then, again, been disappointed when the indications seemed so clear. The use of the salicylic acid in the form of a salve I obtained from an article by a Swiss physician (*Medicinische Neuigkeiten*, No. 32, 1892), who has used it for ten years in acute articular rheumatism, with the very best results. He finds it to act directly on the affected joint and not to disturb the stomach nor have the disadvantages of internal use. From a long series of experiments, he is certain that it is absorbed after epidermic application. It is simply rubbed upon the affected spot, and the joint covered with flannel. He finds the following salve the best:

Salicylic acid,									
Lanoline,									
Essence of turpentine,				ana				10 gms.	($\bar{5}$ ijss)
Lard,								80 "	($\bar{5}$ ijss).

Already a half-hour after inunction, a strong reaction of salicylic acid is to be detected in the urine. Pain ceases a few hours after its application, the swelling decreases gradually from the second day, the fever generally disappears between the third and fifth day. He states that it is not necessary to give the acid at the same time internally.

SPIGELIA has sharp, stitching pains in the left chest, shooting into the arms and neck, worse by motion, pulse not synchronous with heart beat. On placing hand over cardiac region a purring sensation is felt.

THE SIGNIFICANCE OF ALBUMINURIA.

BY WILLIAM W. VAN BAUN, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania,
September 19, 1893.)

THE significance of albuminuria in either the child or the adult is still under deliberation, and at the present time the whole question seems to be undergoing a thorough reinvestigation. The day has long since gone by when the mere presence of albumin in the urine was considered sufficient and complete evidence of the existence of Bright's disease. As albuminuria received greater and greater attention, observation revealed the fact that there were many cases in which the albumin was intermittent, and, that it might exist for years without apparent damage to the general health and vigor of the individual. Then appeared various theories, worked out from different stand-points, often conflicting, which were given names supposed to indicate the cause, or at least, to describe the appearance of the albumin, and we have now an intermittent and a latent albuminuria; to these must be added a temporary, a functional, a physiological and a cyclical albuminuria; an albuminuria of adolescents and one dependent upon toxic agents; also a cardiac, a dietetic, a febrile, an uric acid and oxaluric albuminuria; again, an albuminuria from irritation, from nervous excitement, from blood changes, and lastly an albuminuria with clear and distinct evidence of degenerative renal changes. While these names all have a more or less application to the various forms under which albuminuria is found, they do not describe accurately the condition, and consequently are misleading.

Clinical research has demonstrated that a considerable portion of individuals who present small and varied quantities of albumin in voided urine, are free from any indication of ill health; the problem to be dealt with then is, can the presence of albumin in the urine ever be considered physiological rather than pathological, or is it a functional disturbance of the urinary secretion indicative of the on-coming of structural derangement of the kidneys.

Intermittency is certainly a decided characteristic of many cases of albuminuria, and it is a good descriptive term of what may be the present condition of the individual. It is certainly not accurate, as in many cases, an earlier observation would probably have shown

persistent albuminuria following an early acute nephritis. It is an established fact that the most numerous cases of intermittent albuminuria are found amongst acute nephritic convalescents, and if the condition continues for years it becomes persistent. We find record of case after case of albuminuria of transient and intermittent character apparently unconnected with any definite derangement of the circulatory, digestive, or nervous system. These cases, however, cannot be accepted without questioning their antecedent condition, which, by the way, is not forthcoming, and if they are traced to their termination we would probably hesitate before dismissing lightly a similar case as of no prognostic significance.

Excepting the albuminuria dependent upon acute nephritis, most early cases are intermittent, and arise usually from hyperæmia of the kidneys. In these cases, the congestion passes off, and the condition is ended. As in many other situations, one attack superinduces another, and a patient who has once suffered from albuminuria is liable to a return of the condition from any fresh exposure to the exciting cause. Naturally, if this state of hyperæmia continues for a long time, the over-distended capillaries become permanently enlarged, and albumin will constantly appear in the urine; and frequently-repeated attacks of hyperæmia of the kidneys—or albuminuria—will certainly lead to permanent organic mischief—chronic nephritis.

It has been demonstrated in many instances that even though years of apparent good health may intervene—this fleeting albuminuria means, sooner or later, positive renal disease. Consequently a prognosis is not to be based upon the presence or absence of albumin alone. It must be weighed accurately in the balance with the ability of kidneys to eliminate the waste products of the system, especially the maintenance of the proper daily excretion of urea. With a normal discharge of urea, careful management will do much to establish a condition in which the health of the individual will not suffer nor existence be appreciably shortened.

Latent is a term open to criticism. What is hidden to one observer may be clear to another, especially if the latter is an adept in this class of cases. The claim is well supported, that albumin may be present where there is no other evidence of disordered health. The failure to detect albumin, in such individuals, would naturally reflect discredit upon the examiner, even though it may seem pardonable in the rush of practice. Disastrous results have supervened in more than one case of early trivial albuminuria owing to failure in recognition and subsequent treatment. A routine practice of ex-

aming the urine of all patients would clear up most so-called latent cases, provided the examiner followed the rule of George Johnson, and before deciding in favor of the absence of albumin, would test the urine after rest and fasting, that is, in the morning before breakfast, and after food and exercise, after dinner. Many times, exercise has far greater influence than food upon the presence of albumin.

Temporary albumin is a descriptive designation, true in part. Mahomed found albuminuria in several members of a small group of healthy people after sea-bathing. Johnson has published an article* on "Cases of Temporary Albuminuria, the Result of Cold Bathing," and Sir Andrew Clark has reported a large proportion of youths cramming for civil service examination, as having albuminuria, temporarily, at least. These cases arise, no doubt, from a condition of hyperæmia of the kidneys, due to cold or chill throwing the work of the skin upon the kidneys, thus increasing their work and hampering their circulation; or, it is a reflexed hyperæmia, or, a diminished arterial tension, resulting from a loss of vaso-motor tone. Albumin is usually, if not always, increased by influences tending to lower the tone of the nervous system; some authorities even claiming albumin to be, more often, a nervous or vaso-motor than a kidney symptom. An attack of hyperæmia of the kidneys is usually of limited duration, or is readily amenable to treatment. It runs its course and is done, although the subject is liable to repeated attacks.

Functional albuminuria and the so-called *physiological* albuminuria are still subjects of animated discussion. Is it the function of the kidneys to excrete albumin with the urine? If it is not, it is certainly erroneous to term an early albuminuria either functional or physiological. If an albuminuria is functional or physiological, how are we to fix the time or demarcation when the limit of benignity is reached and the permanently developed organic disease begins?

The temporary albuminuria following cold bathing, mental strain, severe muscular exercise, the ingestion of an albuminous diet, suggests a possible field of a true physiological albuminuria, but the term is not satisfactory. It has, however, gradually worked its way into common use, and it proclaims what seems to be an impossible condition. "Functional" is the more acceptable term of the two, but both are misleading. Senator,† Posner, Pavy and others earnestly advocate the

* Seventh vol. *Proceedings of the Clinical Society.*

† *Annual of the Universal Medical Sciences*, 1893.

cause of the existence of a physiological albuminuria—of albumin in normal urine which does not lead up to structural disease—claiming that urine, like all transudation fluids, normally contains albumin to a certain amount, and that this normal quantity of albumin may be increased without any true renal fault, presenting the condition of physiological albuminuria. Lécorché and Talamon oppose this position and maintain that a physiological albuminuria does not and cannot exist; that mere frequency in appearance of albumin in urine, even in those apparently healthy, is not sufficient to establish a true physiological albuminuria; and that there are no positive points of distinction between the albuminuria of the so-called physiological type and that due to actual renal disease. This is true; for certainly “apparently healthy” albuminurias do not necessarily demonstrate healthy kidneys, and they are very suggestive of beginning renal decay. Millard* claims that albuminuria has not been shown to exist physiologically and he states that albuminuria, either natural or artificial, does not occur except as a result of pathological changes in the kidneys, and is consequently never normal and physiological, and that it is always to be regarded with distrust. The weight of evidence favors the belief that every albuminuria above the lower urinary tracts is indicative of some lesion, however slight at times, in the renal structure.

What are we to understand by Pavy’s *Cyclic* or the *postural* albuminuria of numerous observers? The albumin appears only in the morning on rising, due to the sudden changing of the body from the horizontal to the vertical position. If the patient remains in the former position, taking breakfast in bed, no albumin appears, or if the recumbent posture is again assumed it soon passes off.

Dukes graphically puts it that “our *habits* are cyclical and not the disease,” claiming that if the individual rested in the upright position the disease in question would possess no cyclical character. Verco’s views oppose this idea; he claims that position has little or nothing to do with the excretion of albumin; that it is due to cold; that if a patient lies uncovered and becomes chilled, albumin will invariably appear; and if the patient is kept warm and free from currents of air, no albumin will be present even in the erect position.

The *albuminuria of adolescents*, dwelt upon by the late Dr. Moxon,† implying that the albumin at this period of life is, as a rule,

* *Bright’s Disease of the Kidneys*, third edition, pp. 44 and 55.

† *Gay’s Hospital Reports*, 1878.

the result of sexual self-abuse, is an ambiguous term, which, ten years after publication, gave rise to an animated discussion, participated in by most of the English authorities. Dukes, of Rugby, whose opportunity for the observation of boys is unexcelled, stated that he had tried over and over again to trace the albuminuria of this age to the prevalent vice incidental to this time of life, but he was never able to assign one case to this cause. That albuminuria is frequent in adolescents of both sexes is without question. He attributed it mainly to a pathological condition arising no doubt in, and exaggerated by, the general state of the system incidental to puberty. He agreed with Bencke and Huebner, "that the development of the heart at puberty is to be regarded as a very important phase in its development in regard both to the physiological and the pathological occurrences of this period of life. The large arterial vessels attain their relatively narrowest condition at this time of puberty." Thus, with increased heart development, and with relatively narrow arteries, there is consequently increased arterial tension. It is from this associated state of heart and vascular system that some of the most characteristic symptoms of albuminuria of adolescents arise. Da Costa* believes that the albuminuria of boys is probably, in the majority of instances, that of uric acid and oxaluria.

There can be no doubt that vascular tension, high or low, is a factor of great moment in all classes of albuminuria.

Spurious albuminuria is that in which the albumin is derived from other parts of the urinary system than the kidneys, such as catarrh of the renal pelvis, ureters, bladder, and vagina. Leucorrhœa is an exceedingly frequent cause of albumin in urine. H. Milton, of Cairo, Egypt, has called attention to a peculiar cause which may give rise to the continued presence of albumin in the urine, and cites a case of a woman where there was a persistence of some tubules of the Wolffian body—generally Gartner's duct—which discharge their albuminous contents into the vesical cavity. Another instance is slight gleet in young men, which will, at times, give rise to albumin in the urine. Pus, blood, or chyle are rare causes of albumin in the urine of children. The opposite condition holds good in adults.

Let the clinical variety of albumin be what it may. What is the significance of albumin in the urine in cases where there is an absence of renal epithelium, tube casts, etc., in the light of the research of the past two decades?

* *The American Journal of the Medical Sciences*, January, 1893.

While the results of clinical observation still leave the question unsettled, we may generalize and claim that albumin in the urine is of considerably less importance than was formerly supposed. In Bright's day the albuminuric was immediately consigned to an early grave. To-day we know that albumin may be intermittently or persistently present for years and the patient enjoy excellent health. Dr. F. Hawkins relates a case of albuminuria of forty-three years' standing. A patient, a medical man, gave up practice, in 1841, on the advice of Dr. Bright, who gave as his opinion that the patient would not live two years. The urine at all times contained about a third albumin; specific gravity usually 1012. Nocturnal micturition the rule for the last eighteen years of the patient's existence. In 1887 sugar was detected, and persisted for eight months, and then disappeared. Pulse intermittent. Some cardiac hypertrophy. Heart sounds normal, excepting accentuated second sound at base. The patient died of cerebral hæmorrhage in 1892, being then 88 years of age.

Albumin certainly does not afford any indication of the gravity of the disease condition. Some recent writers claim that one-third to one-half of all cases of albuminuria are not due to renal disease at all. This is an extreme view, which will hardly stand the test of investigation; but admitting that a considerable proportion of individuals who exhibit small and varying quantities of albumin in the urine, present absolutely no other sign or symptom indicative of broken health, we certainly must realize that albumin in the urine cannot be held to be typical of perfect health; and its long continuance, whether in an intermittent or persistent form, must always be a source of more or less anxiety. While the prognosis is now far more hopeful, owing to the recognition that acute nephritis is curable, and that the chronic form, by judicious treatment, may be prolonged indefinitely—we must adopt, as a practical guiding principle, the axiom: albuminuria is always serious. Having once detected albumin in the urine, the first duty is to search for its cause. The mere quantity is really of little value. If there is a functional type of albuminuria the excretion of urea should remain normal. The moment the daily excretion of urea is diminished organic renal disease is existing or it is at least impending. If we come against an acute infectious disease, as scarlet fever or diphtheria as a cause for the presence of albumin, it is reassuring to know that most cases of acute nephritis pass through the stage of intermittent-albuminuria on their way to recovery, and a hopeful

prognosis is in order, provided the patient can be induced to submit for a sufficient length of time to the necessary medical, dietetic and hygienic treatment. The safety of such cases depends upon an early discovery, the completeness and carefulness with which the investigation is conducted, prompt and persistent treatment, and the recognition that there is a great and pressing need for long-continued watchfulness after recovery from an attack of albuminuria, especially if the disorder should have been of long duration.

Results following the negligent treatment in the early stages of what should have been trivial cases of albuminuria, are often disastrous. Over-feeding during convalescence from a specific fever, has, on more than one occasion produced albuminuria. Patients with inflammatory affections of the kidney should never receive a stimulating diet. It has been abundantly proven that albumin, even in large quantity, persisting for years in children and young adults, under proper care will pass away; but let the patient fret and grow restless under restraint, and commit errors in diet and habit, and expose himself to wet and cold, and the albuminuria will sweep from a mild intermittency to an intractable persistency, running either a rapid acute course or lasting for years, and ending in an incurable degeneration of the kidneys.

Albuminuria does not necessarily pass directly into Bright's disease. It may continue for one, two, five or more years and then disappear—thus presenting a curable chronic form. Many cases of albuminuria are attributable to heredity, while others are not traceable, having arisen and progressed insidiously. In such it is difficult, even if possible, to place a true value on the significance of the albumin. Again, we are not to be led into too favorable a prognosis by an absence of all indications of disordered general health, and dismiss the case as of no significance. Even though years may intervene, ultimately positive signs of the fatal inheritance will appear in the form of a marked renal lesion.

We may not accept the view of Dr. George Johnson, who sturdily maintains that albumin is always an indication of renal stress which sooner or later leads to organic disease unless the tendency is combated by careful regimen—but it is certainly a safe rule of practice in handling *all* cases of albuminuria.

Inconstant albumin! Its presence in the urine not necessarily an indication of Bright's disease; nor its absence indicative that the individual has escaped the dread renal scourge.

CORRESPONDENCE.

THE BRITISH CONGRESS AND THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

At the Annual Congress of British homœopathic practitioners, held in September, at Northampton, England, a licensed practitioner, a graduate of the Hahnemann Medical College, of Philadelphia, was refused the privilege of a seat on the statement of the Honorary Secretary, Dr. Dyce Brown, that the applicant had had but a single course of anatomy in England, and that he had obtained his diploma at the end of but six months' study in America.

In reading the discussion one is struck by the entire absence of that trait generally supposed to be so prominent in the British character—the love of fair play. Not one word is uttered as to the possibility of a mistake or a misapprehension on the part of the Honorary Secretary; not one word of any effort on his part, previous to the meeting, to verify what seem to have been rumors rather than substantiated facts. Still more striking is the fact that of those present—and if I mistake not there were several such—who possess and make use of honorary degrees from the American college referred to, there was not one bold enough or fair enough to suggest that the circumstances of the case should be inquired into before publishing it to the profession that the oldest homœopathic college in the world, whose diplomas are met with and respected everywhere, had been guilty of such decidedly “unprofessional conduct.”

It would not do to allow such a charge to rest uninvestigated, and I have done what could and should have been done by the Honorary Secretary before the meeting of the Congress, and am happy to be able to present the true facts as given in a letter from the registrar of the college in answer to a tardy request from the Honorary Secretary for “an explanation of this case.”

The applicant, having been a licensed chemist for over twenty years, was credited with one year of a three years' course as are graduates of pharmacy in this country; he presented satisfactory documentary evidence of having attended a full course in the branches required for the second year, in London medical schools; was admitted here to the third year, attended lectures faithfully throughout the full course, passed a satisfactory examination and received his diploma

according to the laws of this State and the charter of the college as they existed at that time, 1890.

Fortunately Americans are not concerned with the complicated enactments of the British Registration Act, which, since it confers no license to practice is evidently intended only to create an aristocracy of opportunities, but we do think that on that very account our college could well feel aggrieved at having one of its graduates excluded first on the ground that his diploma was not registrable, and then because he was supposed to have received it in an irregular manner. It is a matter of interest to every alumnus of Old Hahnemann that her fair fame be not only unsullied, but that it be above the breath of suspicion.

I trust that the *amende honorable* will now follow and the tempest-rent British homœopathic teapot be allowed to resume its placid simmer.

By killing the project to have a directory of homœopathic practitioners, our cousins over the water have further endeavored to cork up their modest little teapot, so that no homœopathic steam may escape to offend the nostrils of their elder brothers of the allopathic school, and have earned, therefore, all the restfulness that quiet evaporation can give them.

WM. H. BIGLER, M.D.

BENEFICIAL CONSEQUENCES OF ABSENCE OF COW'S MILK IN JAPAN.—Dr. A. S. Ashmead calls attention to the influence of the absence of cow's milk in the dietary of the Japanese. But very few domestic animals are seen in Japan; only the poultry and dog break the silence of the country. In consequence of this, mothers are forced to nurse their own children, for artificial lactation is practically unknown in that country. Children nurse up to the sixth year, and you may hear them ask for the breast in language as correct as that of the adults. Mother's milk is not the only article of food for the little Japanese; river fish enter into a large part of their diet, and the first year some other elements of general alimentation are added to their bill of fare. But the mother's milk is their *plat de resistance*. Nature has endowed this notable mother with peculiar advantages. Menstruation returns only a year and a half after child-birth. The husband and the whole household pay her particular attention. The principal food of the mother, besides the everlasting rice, is fish, shell-fish, sea-weeds and other products of the sea. No wine or beer enter into the diet of the nursing women. The great reward reaped is an absence of rachitism. All observers have remarked this. There are no deformed pelves; the labors are all easy, and the very small percentage of deaths from abnormal labors. Nursing by the mother transmits racial immunities; the iodized diet from the sea-weeds, fish, products, etc., the fats and oils of fishes have for centuries formed to build up a racial resistance to their national inheritance, syphilis and tuberculosis. The higher classes develop tuberculosis by close intermarriage, and the lower orders are immune. The Japanese do not kiss, for it is forbidden, as it might transmit tuberculosis or syphilis. Again, by not drinking cow's milk, they escape the polluted water from the rice plantations, swarming with typhoid fever-germs and the distoma.—*The Sei-i-kwai Medical Journal*, No. 4, 1893.

EDITORIAL.

HEART DISEASE IN CHILDREN.

THE difficulty of prognosis of heart disease in childhood is probably due to our imperfect knowledge of the aetiological factor. The evident unwillingness to accept the rheumatic theory as a cause of all heart disease where there is no distinct history of rheumatic joint affections, and the protest that the vague "leg pains" are not sufficient to establish the existence of a rheumatic basis, has naturally stimulated investigation for other causes. Dr. Frederick C. Coley, senior physician to the Hospital for Sick Children, of Newcastle-upon-Tyne, has recently related his convictions upon the subject. He admits that mitral regurgitation is extremely common in children; that there are many cases of heart disease in children which are really rheumatic in origin, even where no history can be obtained of an attack of rheumatism of the joints; and that there are cases in which acute endocarditis or pericarditis is the only manifestation of an attack of acute rheumatism, the joint lesion not appearing. These conditions are much more frequent in children than in adults. While these facts serve to explain many cases without joint affections, they do not fit all. The extreme frequency of signs of mitral regurgitation in children, so greatly in excess of what is observed in adult life, calls for a more extended cause than the rheumatic if the problem of their after-history is to be solved. The severer cases, which are few, die early, and a certain percentage fail to offer sufficient resistance to the diseases incidental to childhood and succumb; but, taken together, they are few, and do not account for a large number of cases of valvular defect found in childhood. The only adequate explanation for these "lost" cases, according to Dr. Coley, is the fact that a very large proportion of cases of mitral incompetency observed in children disappears in later life. The probability being that structural alteration of a valve, following endocarditis, is more easily recovered from in childhood than in the period of life beyond adolescence. The most important cause, and the most frequent, of the valvular phenomena observed in childhood, and one deserving far greater attention than it has hitherto received, it being one that is readily recoverable, is regurgitation through the mitral valve produced by dilatation of the left ventricle, the structural valvular element remaining intact.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D.,

FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

THE MINOR SYMPTOMS OF CHRONIC BRIGHT'S DISEASE.—Two recent sittings of the Académie de Médecine (*Bull.*, June 6th and 20th), have been mainly occupied by the reading and discussion of an essay on the minor symptoms of chronic Bright's disease and uremia, by M. Dieulafoy. His main thesis was that albuminuria is an inconstant symptom of doubtful value, that the important point to ascertain is whether the urine possesses its normal toxicity, and that certain trivial symptoms were, when taken in combination, of great value in establishing the diagnosis of Bright's disease, even in the absence, more or less prolonged, of albuminuria. The minor symptoms which he describes belong to the following classes: (1) Auditory; high or low pitched noises in the ears, constant or occasional, accompanied by some deafness, and liable to be mistaken for Ménière's disease when occurring together with (2) Vertigo, intractable to most forms of treatment, but relieved by a milk diet. (3) "Dead finger;" the patient experiences formication in the finger which becomes exsanguine, pale and insensible; this persists for a few minutes or a quarter of an hour, and occurs generally in the morning; sometimes several fingers are affected, sometimes the whole hand; sometimes it affects the fingers of both hands symmetrically; it may be the earliest symptom. (4) Itching; frequently intense, and then a source of great discomfort. (5) Pollakiuria: frequent desire to micturate due to a specific irritability of the bladder; it may be accompanied by, but is independent of polyuria, and is often an early symptom. (6) Crysethesa: a special sensibility to cold on the surface, so that the patients may wear many wraps but never feel warm; the knees, legs, and feet are especially liable to be thus affected. (7) Cramps in the calves: very painful, occurring chiefly at night, and waking the patient out of sleep. (8) Epistaxis: slight attacks in the morning. (9) "Electric shocks;" clonic convulsions occurring at the time of falling asleep. (10) The temporal sign: prominent, tortuous temporal arteries due, not to atheroma, but to high tension.

These minor symptoms may be present while well-marked symptoms of Bright's disease have not yet developed. Taken separately, these minor symptoms have little significance, but when several are present their diagnostic value may be very great. They may exist at a period when no albumin is present in the urine, and in any case a patient suffering from Bright's disease is in danger, not because he passes a little albumin in the urine, but because the kidneys fail to separate from the blood and excrete in the urine, poisonous bodies, formed mainly by the liver. Bright's disease should be treated at any stage by attention to the diet. The earlier the existence of the disease can be recognized, the greater the hope of lasting relief. M. Dieulafoy advocated resort to milk diet; and M. Dujardin-Beaumetz, to a diet poor in toxic substances, a diet from which meat, fish, shellfish, crustaceans, and game were excluded, that is to say, a vegetarian diet. In a few rare cases these minor symptoms of Bright's disease are due to the syphilitic disease of the kidneys, and disappear in some cases under treatment by mercury and potassium iodide, combined with a milk diet. In a certain proportion of cases of chlorosis, the minor symptoms are present. Such cases resist ordinary treatment by iron, but yield to dieting; in such cases albuminuria may or may not be present. If neglected or incorrectly treated, well marked incurable chronic renal disease develops.

INTESTINAL HÆMORRHAGE IN TYPHOID FEVER.—Dr. I. Kokawa, of Tokyo, Japan, has made a study of this subject; he has examined 100 cases and found present 12.4 per cent. in male and 9.1 per cent. in female cases. It is much more

frequent in Japan than in America and Europe. Kraft gives 4.24 per cent. in males and 5.1 per cent. in females; Goldammer 6.5 per cent. in both sexes; Goss-mann 6.1 per cent.; Hartzel 6.46 per cent.; Griesinger 5.3 per cent.; Struempell 9.5 per cent.; and Liebermeister 7.3 per cent. in males and 10 per cent. in females; while, on the contrary, Kokawa states his rate to be 11 per cent.; Dr. K. Takata obtained 33.2 per cent., 16.6 per cent.; Dr. Y. Saigo 38.2 per cent.; and Dr. Morizumi 10.30 per cent., which go to show that it is more frequent in Japan than in Europe. He regards constipation to be the chief cause. Constipation and not diarrhœa is the rule in typhoid fever in Japan. It is most often seen in the years from twenty to forty. He found it most frequent in the third than the second, and finally in the fourth week. His death-rate was, for both sexes, 36.3 per cent. The quantity of blood lost does not alter the prognosis, for some of his patients perished after losing a not very large quantity, while others recovered after passing from 1000-1500 grammes. The amount of hæmorrhage, the state of the heart, time of hæmorrhage, and complications should be taken into consideration in making a prognosis.—*The Seiki-kei Medical Journal*, No. 7, 1893.

SYMPTOMS OF ALVEOLAR HYDATID CYSTS OF THE LIVER.—Dr. Crocq, Jr., of Brussels, divides the symptomatology into three periods: the first is latent, digestive disturbances, sense of weight and oppression in the right hypochondrium, emaciation sets in and the second stage appears. The abdominal pains increase, are acute or lancinating and running into the right shoulder, icterus is never absent; ascites, the general condition aggravated, from day to day, into a very profound cachexia. The third period is then begun, the icterus becomes more prominent, the legs become œdematous, the body emaciated and one may believe either a hepatic carcinoma or hypertrophic cirrhosis present. Multiple hæmorrhages and diarrhœa set in, the patient weakens more and more, the stools are discolored and the urine pigmented, and possibly, contains albumin. It is generally fatal and varies from six weeks to even five, six or eleven years with periods of remission of varying length. The diagnosis is difficult. Hypertrophic cirrhosis greatly resembles it. In the latter the hypertrophy is uniform and the consistence of the liver fibrous while alveolar cysts developing in the right lobe leave the left intact, while ascites is very precocious in hydatid tumors and appears late in hepatic cirrhosis. Hepatic carcinoma also simulates it but here icterus is the exception while in the hydatid tumor, it is the rule, in carcinoma the spleen is normal, in hydatid enlarged. In cancer the organ is nodulated and its volume more marked than in hydatid cysts. Their progress furnishes the best means of differentiation. In carcinoma the evolution is rapid, its duration short, alveolar cyst is of a slow development, intermittent, and generally lasting several years. In certain cases the pain and icterus of alveolar hepatic cyst may simulate biliary lithiasis, but there is an absence of hepatic colic accompanying the development of the jaundice. Simple hydatid cysts are recognized by the circumscribed tumor and the absence of ascites and splenic enlargement. Syphilitic and amyloid enlargement of the liver follow special conditions and are easily diagnosticated. The prognosis is very grave; only one case of recovery is known. Surgical interference early offers the only hope.—*Le Progrès Médical*, No. 37, 1893.

A CASE OF FLOATING LIVER.—Dr. Mathieu presented before the Medical Society of the Hospitals of Paris a case of a woman of forty-three years who was suffering from very intense icterus. It began with pains in the hypochondria, which would appear paroxysmally, and greatly resembling gall-stone colic. The icteric coloration of the face was not increased during the attacks. On palpation, a roundish tumor was discovered in the right iliac fossa, which was recognized as the liver. It appeared to be normal in dimensions. It was replaced by pressure from below upwards with ease, where it was retained in place by a bandage. She had borne nine children, and though her abdominal walls were greatly relaxed, her kidneys were not dislocated. Dr. Legendre has observed a similar case, with painful attacks simulating hepatic colic and icterus. Dr. Siredey has also seen such a case, with abnormally mobile kidneys and liver after extirpation of an ovarian tumor; no icterus. Dr. Rendu has also met with such a case.—*La Semaine Médicale*, No. 61, 1893.

NERVOUS GALL-STONE COLIC-NEURALGIA OF THE LIVER.—Dr. Pariser, in the Berlin Association for Internal Medicine, considered this affection upon the basis of a single case. Diagnosis is not easy. It is generally diagnosticated as

gall-stone colic, and is more frequent than is imagined. It is often accompanied by icterus. It begins with a certain degree of regularity, apparently dependent upon menstruation. It is prone to alternate with other nervous affections, as migraine. Nervous or hysteric girls and women are chiefly affected. Even after lasting for years, there are no inflammatory changes in the liver and gall-bladder. The patellar reflex is exaggerated, and treatment for cholelithiasis is vain. Antineurasthenic treatment is indicated.—*Berliner Klinische Wochenschrift*, No. 43b, 1893.

MORPHINE AS AN ANTIDOTE TO ATROPINE POISONING.—A child of three was poisoned by a solution of atropine; the amount taken could not be learned. Poisoning occurred between 8 and 9 A.M., and the child was presented at the clinic at noon. Its stomach was at once washed out. The child was very restless, tossing about, with twitching of the extremities, screaming and crying out; its pupils dilated, skin very red; it was perfectly wild, not recognizing its parents. A subcutaneous injection of $\frac{1}{20}$ grain of hydrochlorate of morphine was given without any quieting results. Fifteen minutes later, a second dose of $\frac{1}{20}$ grain was given, and the child was soon quiet and sleeping soundly. At 5 P.M. the child had been awake an hour, and had enjoyed a drink of milk; but as he was still restless, a third dose of morphine was given $\frac{1}{20}$ grain. Quiet followed soon, but no sleep. No further use of morphine was necessary, as the child gradually recovered.

The second case was that of a workman of 50 years, who had long suffered from sciatica. While in a terrible paroxysm of pain, his physician gave him, by mistake, instead of morphine, an injection ($\frac{1}{8}$ grain) of a 1 per cent. atropine solution. The patient was soon wild, but $\frac{1}{2}$ grain of morphine given every hour gradually quieted him, and he then slept for several hours. Except for great weariness, the patient was well the following day, and he never had a return of his sciatica.

Blinz does not consider morphine suitable in every case, or at every stage of atropine poisoning, but simply in the excited stage. Instead of morphine, chloralhydrate may be used, but as it weakens the heart more, it must be used with great caution.—*Centralblatt fuer Klinische Medicin*.

CODEINE POISONING.—Dr. W. P. Spratling reports the following case of a young married woman, who had taken an overdose of codeine. "Immediately after dinner, about 7 P.M., she had taken sixteen half-grain pills, making eight grains altogether. She had suffered for some months from a painful disease, and had been ordered by her physician to take codeine in quarter-grain doses for the relief of the pain, and to overcome a persistent insomnia. Not deeming the quarter-grain pills of sufficient strength, the patient then procured from the druggist a vial labelled as containing one hundred half-grain codeine pills. Three hours before my visit she had swallowed sixteen of these, as she avowed, for the purpose of securing a good night's rest. An hour later she experienced considerable nausea, and vomited a small quantity of semi-liquid matter. I found her awake, able to converse perfectly well, but extremely restless and irritable. She could not lie in one position, but constantly changed it by tossing almost violently from side to side of the bed. At frequent intervals she would manifest convulsive movements involving the entire voluntary muscular system.

"These movements were most marked in the upper extremities and the head. She suffered greatly from intense irritation of the skin over the entire body. This irritation was most annoying along the flexor surfaces of the forearms and on the back. She had an attendant rub the back so vigorously with a coarse towel that the skin in many places was broken. The surface of the body was warm and dry; the pupils were fixed in pin-point contraction; respirations were twelve per minute. She complained of great thirst and an uncomfortable feeling of fulness in the head. I endeavored to ascertain, by frequent questioning, whether she experienced any of the pleasant mental effects that follow the exhibition of morphine, but failed to find that such was the case with her at any time during the action of the drug. She frequently remarked that her thoughts were going round and round. After the painful irritation of the skin had been relieved by sponging the body with a solution of carbonate of soda, she sank into a light doze, from which she would awake in a few minutes with a start. The skin was hyperæsthetic to a marked degree. She was subjected to the usual treatment for opium poisoning, and in a few hours was much improved. By noon of the following day she had fully recovered from the effects of the drug in every way save that considerable muscular weakness remained."—*Medical Record*.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D.

PRESERVATION OF CATGUT.—Howard and Slater (London) have made a series of experiments with a view of testing the asepticity and strength of catgut ligatures, which have given results that will be rather surprising to those accustomed to and relying on the methods ordinarily in vogue for the preparation and preservation of this material.

Sulpho-chromic catgut, No. 4, was used in each instance, *i.e.*, it was placed for forty-eight hours in 10 per cent. carbolic acid in glycerine, and then for five hours in $\frac{1}{2}$ per cent. chromic acid in water. One specimen had been preserved in absolute alcohol for three years; a second, in 5 per cent. carbolic acid and absolute alcohol, for one year; a third, in 5 per cent. carbolic acid in water, for one year; and a fourth in a $2\frac{1}{2}$ per cent. watery solution of carbolic acid for one year.

With number one, fourteen culture experiments were made, five remaining sterile and nine showing growth; with number two nine remained sterile and two showed growth; with numbers three and four, all remained sterile. In each instance the antiseptic was previously washed off and control experiments were made to prove its absence.

As regards the breaking-point of the different specimens, numbers one and two were a little stronger than three and four, but a preliminary soaking in water, as often occurs in operations, brought the tensile strength of the former below the latter. The alcoholic catgut was hard, less pliable, and not easily tied with security. Of those in watery solution, the one in 5 per cent. carbolic acid was firmer and more inelastic.

These experiments show that catgut preserved in absolute or carbolic alcohol is often not sterile, and, when acted on by water, is of inferior tensile strength. Preserved in aqueous carbolic solution ($2\frac{1}{2}$ or 5 per cent.) it remains strong, always sterile, pliable, smooth, and is not absorbed for a sufficient length of time—at the end of a fortnight it was found practically unchanged.—*Lancet*.

[Since reading this article we have used catgut preserved in watery carbolic solution with perfectly satisfactory clinical results. We are experimenting as to its sterility. German catgut (M. Boehm's, Berlin) was immersed for several days in 5 per cent. carbolic solution of distilled water; it was wound on spools, kept in the same solution, and used either direct from the bottle, or from the instrument tray of boiled or distilled carbonate of soda solution. It does not swell or soften, as does the juniper oil or alcohol catgut, from contact with water or the tissues; it ties easily and firmly, is strong enough, does not absorb too quickly, and is not followed by stitch or ligature suppuration.—W. B. V. L.]

ETHER LOCALLY IN INCARCERATED HERNIA.—Gussenbauer (Prague) has used Finkelstein's method of the local application of ether in a series of cases of incarcerated hernia. This consists in placing the patient in the dorsal position, with the pelvis elevated, the knees and thighs flexed, and the scrotum, in males, supported by a cushion. Then every ten to fifteen minutes one to two tablespoonfuls of ether are poured upon the hernial tumor and the ring. This is continued from three-quarters of an hour to three hours until the sensation of tension in the tumor decreases and it diminishes slightly in size. As soon as this is effected, if the rupture does not reduce itself spontaneously, slight manipulation will generally accomplish reduction, even in cases where chloroform anesthesia and energetic taxis have failed. Hernias where the contents of the sac are omentum may possibly be exceptions. Out of twenty-five cases this method succeeded twenty times. Three times spontaneous reduction occurred. Once the patient replaced it himself. In the other cases slight taxis was sufficient as soon as the sensitiveness of the ring and the tension and volume of the hernial tumor had decreased. Reposition was done, at the earliest, in one hour, most frequently in two to three hours, and twice in five to six hours. Elevation of the pelvis has an important influence, though the action of the ether is not to be doubted. If used soon after incarceration it will be successful in the majority of cases, and it is, together with elevation of the pelvis, the application of ice-bags, and reduction under anesthesia, to be preferred to energetic taxis. In

country practice it will be found of especial value.—*Wiener Medizinische Presse*. [Injection of atropine, or atropine with morphine, into the region of the ring has also given good results.—W. B. V. L.]

SUCCESSFUL REPAIR OF A CASE OF HORRIBLE MUTILATION OF THE FACE.—Buschke (Greifswald) reports the case of a young man who, with suicidal intent, discharged a shot-gun held immediately under his chin, with the result that, the next day when the writer saw him, there was nothing of the face to be seen but the right eye, the remainder being a surface covered with blood, dirt, and shreds of flesh. After careful cleansing, the forehead, the region of the right eye, the right zygoma, and the right side of the nose were found intact; the rest was changed to a mass of hanging and irregular shreds, and covered with a greenish and stinking pus. The upper and lower lips were torn off on the left side, the middle of the lower jaw-bone shot out, the floor of the mouth and the tip of the tongue hung in shreds. Of the upper jaw, the intermaxillary bone and a portion of the hard palate were gone. The antrum was opened and the nasal and buccal cavities communicated. The patient had slight rises of temperature, and had to be fed with the œsophageal tube; later with a beaked dish to which was attached a drainage tube which could be slipped into his pharynx. After fourteen days, plastic repair of the defects was begun, as they had commenced to shrink. The lower and upper lips were sutured to their points of attachment with difficulty, the ala nasi and other soft parts were replaced, and the defect in the floor of the mouth was closed except a spot of the size of a quarter, through which the secretions flowed. This was filled with iodoform gauze, which prevented the tongue from prolapsing. The whole surface closed by granulation, small sequestra being detached from the upper jaw; the hole in the buccal floor filled in entirely; his right eye was found to be capable of functioning; his tongue healed, his face became less distorted, and his speech eventually became very clear.—*Deutsche Medizinische Wochenschrift*.

BASAL DRAINAGE IN CHRONIC HYDROCEPHALUS.—Parkin (Hull, England), cites a successful case in support of his method of operating for the relief of intracranial pressure by the withdrawal of cerebro-spinal fluid from the basal sub-arachnoid space (*Lancet*, July 1, 1893).

The patient, an eleven months child, presented a disproportionately large head ($17\frac{1}{2}$ inches in the greatest circumference). The temporal fossæ were obliterated, the anterior fontanelle was large, and the membrane covering it was tense and did not pulsate. The two halves of the frontal bone were separated, and the parietals to a less degree. The eyes were prominent, and the sclerotics visible above the pupils. The child was fairly intelligent and had had no fits of any kind, but was always restless and irritable. Sight and hearing were good. There was a history of tubercle on both sides of the family, and the enlargement of the head was first noticed when the child was five months old. In three months the circumference of the head increased one inch, and the child became more and more dull, until it lay perfectly quiet in bed, without moving its limbs, or uttering a sound even when shaken roughly. The eyes were open and staring; the head was retracted. Food was taken badly, and often vomited. The pulse was 84° and the temperature 97° .

Under chloroform the cerebellum was easily exposed with the gouge, an inch below the superior curved line of the occiput, and half an inch to the right of the middle line. On incising the dura only a few drops came away, but on raising the cerebellum and passing a probe into the sub-arachnoid space, a quantity of clear cerebro-spinal fluid escaped. A horse-hair drain was introduced into the sub-arachnoid space and the wound closely sutured.

The next day the eyes opened intelligently, the sclerotics were not visible above the pupils, the fontanelle was soft and pulsated. The child smiled from time to time, moved its limbs about, and recognized its mother. The pulse rose to 128 and the temperature to normal, where it remained. The wound healed *per primam*, and the discharge, during the eighteen days the drain remained in place, was at no time profuse. Improvement was continuous until the child was last seen, three months after the operation. There was a perceptible gain in weight, as well as in intelligence, although the size of the head remained the same.

Continuous drainage in this location, where the wound can be kept aseptic, is superior in its results to repeated aspirations and to drainage of the lateral ventricles, which have given but indifferent results. Draining through the vertebral canal is indirect, slower, and interferes with the subsequent stability of the spinal column.—*Lancet*.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D. AND J. NICHOLAS MITCHELL, M.D.

MENSTRUATION.—The importance of menstruation from the medico-legal standpoint is shown by Krafft-Ebing in the *Jahrbucher f. Psychiatrie*, x., 2 and 3. Psychopathic phenomena of all degrees are rather common in connection with menstruation. From a large number of forensic cases, including one of a woman who murdered her husband during the menstrual period, Krafft-Ebing draws the following conclusions:

1. The mental integrity of a mensurating woman is forensically doubtful.
2. It is necessary to find out in female criminals if the crime was committed during menstruation; this expression not only including the days of uterine sanguineous discharge, but also the days immediately preceding and following it.
3. If a coincidence of the crime and the period is made out, a complete *exploratio mentalis* is advisable; it is absolutely necessary, if there are any indications of hereditary predisposition, or of psychopathic manifestations during former periods of menstruation.
4. Since it is beyond doubt that menstruation has a powerful influence on the mind, an allowance should be made for it, even in those cases where no direct menstrual alienation has been observed.
5. Imbeciles that have committed a criminal act during menstruation should, as a rule, not be held responsible, certainly not if the act was committed under the influence of mental emotion.
6. Individuals that have been released on account of menstrual alienation are to be considered as highly dangerous, and require careful watching during their menstrual periods.

SYMPHYSEOTOMY FROM AN ANATOMICAL STANDPOINT.—Döderlein, after an anatomical investigation of symphyseotomy, reports that the sacro-iliac joint is not an immovable articulation; it permits great movement without wounding. Separation of this joint amounting to more than 6 cm. is apt to be followed by rupture of the sacro-iliac ligaments, more on the right side than on the left. Without infection, wounds of this joint heal easily and completely. He finds after symphyseotomy an asymmetrical increase of width in the pelvis, caused by the right ilium giving way more than the left. After examination of a number of cases, he finds that for each cm. of spreading of the pubes after section, there is an increase of 8 cm. Where the pubic joint shows a separation of 6 cm. there is a total increase of space of about 50 cm., or 150 per cent., over the pelvis before the operation; this increase of space extends through the entire pelvis.

Olshausen gives his experience in two cases of symphyseotomy. In the first, a woman, with highly contracted pelvis, died in eclamptic coma twenty-four hours afterward. The child was delivered by forceps. In this case he endeavored to use silk-worm gut for suturing, but a layer of bone over the pubic joint prevented. In the second case great difficulty was experienced in cutting through the symphysis and in delivering the head. In this case silver wire was used in uniting the pubic joint; the same difficulty was experienced as in the former case. In both cases he had the greatest anxiety lest the soft parts should be entirely torn apart. Incontinence of urine followed, although the urethra was intact. The writer concludes, after these two operations and some investigations on the cadaver, that not more than two centimetres' separation of the pubic joint follows the simple dividing of the articulation itself, while by section of the ligamentum arcuatum inferius, the joint will separate to the extent of 5 to 6 cm.

Koffer cites one case of symphyseotomy in which the joint healed after three weeks. He exhibited an apparatus for holding the joint together after the operation had been performed. He does not consider it necessary that the trochanters should be held by an assistant. In his fatal case there was a phlegmon of the pelvic tissues present; but section showed that except that the pubic joint was somewhat more movable than before, in all other respects it was intact.

Lropold, after four cases of symphyseotomy, concludes that it is not an operation for general use. It should only be done when the conjugata vera is 8 cm.; for

when a larger diameter exists spontaneous birth can take place in time. Version should also be tried. The membranes should be kept intact as long as possible. In primiparæ, symphyseotomy should very seldom be undertaken.

Chrobak regards the wounds of the soft parts as more dangerous after symphyseotomy than the injury to the symphysis. Where sewing of the joint was necessary, he has used, in his later cases, steel pins overlapped with thread. He has found fever often present, and has lost one case by it.—*Centrablatt für Gynäkologie*, No. 22, 1893.

PUERPERAL ECLAMPSIA—TREATMENT.—The methods adopted by the Boston Lying-in Hospital are briefly as follows:

Ether is used, at the first symptom of the attack, to control the convulsive seizure.

Chloral hydrate, by rectum, is employed as a nerve sedative between the attacks.

Morphia, so highly prized by some authorities, is not approved, while in some cases it may seem to prove a useful sedative; in others it has appeared to cause restlessness, and its use would seem unphysiological when the loss of renal function is considered.

To excite the action of the skin, chief reliance is placed upon the hot-air bath, or, in mild cases, the use of heaters placed about the patient rolled in blankets; and for drugs, pilocarpine, usually in $\frac{1}{6}$ gr. doses, guarded by brandy or other stimulants, to avoid undue depression. Unless the skin responds promptly and satisfactorily, the eliminative action of the bowels is invoked with elaterium or croton oil, aided, if necessary, by enemata. When the patient is sufficiently conscious to swallow, milk is given, with brandy, if indicated, and she is encouraged to drink freely of cream of tartar water, not alone for its mildly diuretic effect, but for its cumulative influence as a cathartic. Digitalis is also employed in small doses, not only as a heart tonic, but as a mild diuretic.

Acetate of potash is also used to some extent. When the patient is unable to swallow, subcutaneous stimulation with brandy, digitalis, or nitro-glycerine is resorted to. When, as is generally necessary in severe cases, it appears best to deliver, manual dilatation is preferred to the use of hydrostatic bags or the intra-uterine bougie. In a few cases of unusual difficulty, incision of the cervix has been necessary. Podalic version and manual extraction are preferred to forceps, unless the head is engaged. During delivery the patient is well wrapped in blankets, and exposed as little as possible, to avoid chilling the surface and checking the skin secretion which may have been induced.

The hot-air bath is administered by means of a stove-pipe elbow attached to the foot of the bed, under the lower end of which is placed a gas or other lamp, the patient being rolled in blankets and covered with other blankets supported by a cradle.

THE LIFE AND DEATH OF UTERINE FIBROIDS.—Kleinwächter has watched one hundred cases of fibromyoma of the uterus for many years. Forty of these furnished him with satisfactory data as to the growth of such tumors. The forty histories are published in his paper. He concludes that there is no fixed rule for calculating the age of a fibroid from its size. A fibroid, as a rule, grows quickly from a little lump to a big tumor, and the latter condition by no means implies an earlier stage where for many years the tumor was a small lump. Sudden increase of a fibroid already large is frequent. It is quite exceptional for a fibroid to remain stationary or to diminish before the menopause. The precise truth about the beneficial effects of ergot in this respect is difficult to determine. Wasting diseases play a part in diminishing the bulk of fibroids. In pregnancy, the fibroid certainly increases, and it diminishes during involution after delivery, and apparently may disappear altogether. The growth of large fibromata may be preceded by the development of smaller fibroids. The menopause has not nearly as beneficial an influence on fibroids as is generally supposed. They often continue to grow, and sometimes more quickly than before. About the menopause there is some risk of malignant degeneration of the tumor. There is no accurate explanation why some fibroids grow quickly and others slowly. The influence of local and external inflammations must be considerable, but has not as yet been determined. Kleinwächter thinks, with Gusserow, that the rate of growth depends on the prevalence of the myomatous or the fibromatous elements of the fibroid, a matter which cannot be elucidated by purely clinical research.—*Archives of Gynecol., Obstetrics and Pediatrics*, 1893.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

CONDUCTED BY
CHAS. M. THOMAS, M.D.

RHEUMATISM OF THE CRICO-ARYTENOID JOINT.—James E. Newcomb, M.D., of New York, writes of rheumatism in one of the smallest joints of the body, the crico-arytenoid, which, notwithstanding its size, has a capsule and ligaments with true synovial membrane.

In 1861 Debrousse admitted the possibility of rheumatism being concerned in acute inflammation of this articulation, reporting a case with lesions in other joints and a complicating pericarditis. The laryngeal symptoms were severe pain, aphonia, and suffocative attacks. Death resulted in twenty days from gradual asphyxia. At the autopsy it was found that the arytenoid cartilage on the affected side was bare but not necrosed. The joint cavity contained a reddish serous fluid. Gonorrhœal inflammation of the joint has been observed by Liebermann and Simpson.

In ordinary cases the symptoms may be the usual clinical ones. The local manifestations may precede or follow the constitutional. A peculiar disagreeable sensation, especially on swallowing, is referred to the angle of the jaw, hyoid bone, or tonsil. This feeling is generally relieved by pressure over the region of the articulation on the affected side, this pressure giving rise to a gentle crepitus, generally felt and sometimes heard. It is increased in intensity by swallowing. This crepitation is a confirmatory sign only, and not pathognomonic, as it can be elicited after chondritis, perichondritis, and senile atrophy of the joint. The amount of serous exudation may be small, and here, as elsewhere, a most painful joint may exist without any appreciable swelling. Ankylosis of the joint may result in cases long continued; it may be enlarged or atrophied. The laryngeal symptoms depend upon the position in which the cords are fixed. In the position of phonation breathing is somewhat labored, while the voice is but little changed. If the cords stand midway between inspiration and expiration, inspiration is normal, but there is a leakage of air in expiration. Phonation is, therefore, interfered with, and we have early dyspnoea on exertion. Dysphagia is quite pronounced. Care must be taken to exclude in diagnosis those cases of malposition of the cords due to true muscular paralysis. Cardiac auscultation may furnish a clue in unraveling doubtful cases, and other synchronous joint lesions are strongly suggestive.—*Annals of Ophthalmology and Otology*, 1893.

RHEUMATOID PHARYNGITIS.—Dr. James E. H. Nichols, of New York, gives the name rheumatoid pharyngitis to a group of symptoms which he has frequently met with. He describes the patients as being well nourished individuals, more frequently males, not given to the excessive use of tobacco or spirits, in many instances using neither. Their general health is excellent; their ages, usually between 20 and 50 years. They all give the history of gouty or rheumatic affections, of indefinite character, either in their own persons or in their relations. They are affected by atmospheric changes, especially in the spring and fall, in the way of ill-defined general pains. Three or four times a year, with no apparent provocation of colds or systemic disturbance, they are attacked with pain in the throat, sharp, sudden, and rasping, and a feeling of tightness or limitation of movement, as if the entire pharynx demanded rest. The pain is not localized, but shifts from side to side, and up and down. A common seat at the invasion is along the salpyngeal folds. There is slight dysphagia, no swelling of glands, no stiffness of the neck, no cough or desire to clear the throat of mucus, but occasionally a slight hoarseness. The nose and naso-pharynx are generally free, though dry. There is no rise of temperature, no nausea, no disturbance of the circulation. In short, the patient complains of a sore, aching throat, and nothing else. On inspection, almost nothing is to be seen out of the normal.

These attacks last only a few hours. They come suddenly, and subside just as quickly, so that two days cover the entire period. In one case, the attack followed an error in diet, and in another excessive smoking, but, in the majority, no cause can be noted, and we have to conclude that the attack is a crisis, a rheumatoid condition. This conclusion is strengthened by the success of the simple treatment, which consists of the use of a gargle of a saturated solution of the bi-carbonate of sodium in water as hot as can be borne at frequent intervals. No other local application gives such instant relief, and no other internal medication (large doses of salicylate of sodium at short intervals) seems to be so rapidly efficacious.—*Annals of Ophthalmology and Otology*, 1893.

MONTHLY RETROSPECT OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,
FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

CALCAREA FOR BURNS.—Dr. M. P. Chamberlain, Santa Cruz, Cal., recommends an application of the sixth decimal trituration of *calcareæ sulphuricæ* incorporated in vaseline as the very best ointment for burns. He washes the wound well with castile soap-suds, dries it by absorption, being thorough in this process, and then applies the calcarea ointment. In preparing this, he mixes a heaping tablespoonful of the trituration with one pound of vaseline. *Ferrum phos.* is given internally if there is fever to any considerable extent.—*Medical Century*, September, 1893.

GRAPHITES IN ECZEMA.—R. T.; female, æt. fifty; scrofulous diathesis; has had an eczema behind both ears for several months. The eruption is cracked, moist and scabby; worse behind the left ear; bleeds very easily; no pain or tenderness. *Graphites* 12x was given internally every four hours, and an ointment consisting of eight grains of pure *graphites* to an ounce of vaseline used externally. The case was cured in three weeks.—*North Am. Jour. of Hom.*, September, 1893.

STAPHISAGRIA IN DENTAL CARIES AND ODONTALGIA.—Edith A.; æt. 20; general health good. Teeth are black and decay rapidly, and in spite of the best of care and generous living the patient had scarcely been free from toothache for two years. The teeth were very soft, and decayed so rapidly that she had been obliged to consult her dentist at very frequent intervals. The teeth were sensitive to touch and felt elongated. The pain was relieved by warm applications. *Staphisagria* 6x pellets every two hours gave immediate relief. The remedy was continued five times a day for several weeks, with arrest of decay and permanent freedom from pain (now five months). Her dentist remarked much greater hardness and a healthy condition of the teeth.—*Ibid.*

VERATRUM VIRIDE IN ACUTE PULMONARY CONGESTION.—Woman, æt. forty; nervous temperament, fleshy, dark hair and eyes; slight lesion of the pulmonary valves accompanying the acute pulmonary congestion. There was frequent short cough with expectoration of bloody, frothy mucus; difficult, rapid, rattling respiration; loud, coarse mucus râles; pulse rapid, feeble, and small; dull pain about the heart. Fear of death, depression and prostration. Ten drops of *veratrum viride* lx. were mixed in half a glass of water, two teaspoonfuls were given and repeated in ten minutes. In five minutes more the cough and expectoration ceased. Breathing became easy, and the ear applied to the chest detected fine faint râles in place of the loud bubbling râles heard at first. Patient went to sleep and was all right next day. Auscultation then showed respiration perfectly normal, but disclosed a faint regurgitant murmur over the pulmonary orifice of the heart.—*Ibid.*

ACONITE IN ACUTE NEPHRITIS WITH HÆMATURIA.—Case I.—Joseph L., æt. two and a half years; face pale, febrile movement; languid and fretful, something unusual for him. He was having a profuse diarrhoea of frequent watery stools, with very little pain or distress, for which he had *merc. dulc.* Urine scanty. Two days later there was marked anasarca, particularly of the face, hands and feet. Feverish, with thirst for small quantities. It was impossible to secure any of his urine for examination at this visit, but that which was examined the next day had an abundance of albumin. At the fifth visit—eight days from the first visit—the urine was the color of blood, and microscopical examination confirmed the appearance. The anasarca had steadily increased, and it was with difficulty that he

could stand or walk. The blood was intimately mixed with the urine, no clots. *Tereb.*, *sen. cor.* and *dig.*, as seemingly indicated, had no effect. The anasarca of the face and eyelids rendered him nearly blind. His whole body was bloated almost beyond recognition. There was no diminution in the quantity of blood or the amount of albumin in the urine, and he was apparently near dissolution. This was his condition on the fifteenth day of his sickness, when *aconite* 3x was prescribed to be taken hourly when awake. At the next morning visit there was a marked improvement in the appearance of the urine. At the end of forty-eight hours there was hardly a trace of blood and a great improvement in the anasarca. He took *aconite* four days longer, at intervals of three or four hours, and had no further trouble from the hæmaturia or anasarca, and was discharged cured on the seventh day of the *aconite* treatment. There was no change in his diet, neither was there any adjuvant treatment.

Case II.—Mr. W., æt. about forty, of stout habit, rode thirty-five miles over rough country roads one windy day in April. The following day he was chilly and had a feeling of malaise and an ill-defined distress in the epigastric region, with some nausea, but set out on his homeward ride. The epigastric distress increased, followed by a severe chill, vomiting and intense pain, which compelled him to call at a physician's for relief. The medicine had no effect, although taken at frequent intervals. He arrived home late in the evening and was seen soon afterward. His flesh was cold and covered with a cold perspiration; there was considerable nausea, and intense pain in the whole epigastric region. The second night after he passed nearly a quart of very bloody urine. There were no clots, and the urine and blood were thoroughly mingled. There was considerable fever. *Aconite* 3x was prescribed, to be given at frequent intervals. There was a decrease in the quantity of blood before evening, and by the evening of the next day all traces of blood had disappeared from the urine, nor was there any return of the same during the remainder of his sickness.—*North Amer. Jour. of Hom.*, October, 1893.

CLINICAL HINTS ON NEW REMEDIES.—*Karaka*.—The symptoms attending cases of poisoning through eating the raw kernels of the *Karaka* berries are violent spasms and convulsions of the whole body, in which paroxysms the arms and legs were stretched violently and rigidly out, accompanied by great flushings of heat, protrusion of the eyes and tongue, and gnashing of the jaws, but unattended by vomiting. It is used with very satisfactory results in convulsions of children.

Tupaki or *Tusa*, an herb of New Zealand, bearing grape-like scarlet berries, of which the natives partake, but carefully avoid the kernels, for these are very poisonous and, as asserted, produce lockjaw, also very similar in effect to the *Karaka*. The alkaloid of this fruit or of the kernel has been introduced into the medical pharmacopœia of Great Britain. It has been found very useful in epilepsy, for which it is also used in the old school.

Brachyglisin Rependa.—The leaves and flowers of this tree are highly lauded for the treatment of Bright's disease and albuminuria. In the hands of the writer it has been a serviceable remedy for more than twenty years, and of great assistance with other remedies in ameliorating, if not curing, these patients.

Veronica Speciosa.—Although a native of New Zealand, this plant will be found plentifully cultivated in gardens in America and Europe. The natives were in the habit of curing diarrhœa and dysentery by eating the young unexposed leaves. With a third dilution of the leaves, most gratifying results are obtained; strangely enough, however, it has no effect upon children. Other symptoms of bronchitis and catarrh are among its pathogenetic effects.

Diornis Gloriosa, the gigantic lily of Australia, is very effective in supra-orbital neuralgia and neuralgia of the eyes.

Zamia.—The conical fruit of this palm produces violent gastralgia and gastritis, and is much dreaded by the natives of Australia, although it is harmless to eat when boiled. In the hands of the writer it has rarely failed to relieve and even cure the vomiting of pregnancy and the colic and gastritis with chronic affections of the stomach. *Eucalyptus globulosa*, and other varieties of this genus of tree, is well known; but besides its prophylactic effects in malaria, it has been used with excellent results in chronic dysentery where many of our old remedies have failed.—Dr. Carl F. Fischer, Sidney, N. S. W., in *The Clinique*.

HYDRASTIS IN EPITHELIOMA.—Dr. Daudet reports a case in which digital ex-

amination, together with the constitutional state and appearance of the patient, and the foetid character of the discharges, led him to the diagnosis of epithelioma of the cervix. He prescribed *hydrastis* 12, a dose three times a day. Two days later, a copious, foetid, blackish hæmorrhage set in, and in three or four days more the tumor came away in blackish, foetid matters having a sickening odor. All local symptoms disappeared, and the patient became quite well.—*Revue Hom. Française*, July, 1893.

LACHNANTHES.—Dr. Ghosh, of Calcutta, relates a case which seemed to be phthisical, in which, after the failure of iodide of arsenic, he was led by the accompanying stiffness of the neck to give *lachnanthes*. The 3x dil. did nothing, but under three-drop doses of the mother tincture improvement ensued in a week and went on to complete recovery. He has since used it in three similar cases with good results. He gave the remedy also in eight cases of stiff neck. In three only did it prove curative, and in these there was concomitant cough, without chest symptoms. All three patients, moreover, perspired in hands and feet freely, and their stiff neck and throat cough (with burning of the palms and soles) came on or increased whenever such perspiration was checked.—*Hom. Recorder*, June, 1893.

KALI PERMANGANICUM IN DIPHThERIA.—The throat is primarily affected; feels rough, raw and dry, with sensations of burning and constriction; constant disposition to swallow and to hawk; with difficulty in hawking up a blood-streaked mucus, which appears abundant, but is in reality very little; everything hawked from the throat is streaked with blood; profuse flow of saliva with a burning, raw, smarting, and nauseating pain in the fauces, pharynx and larynx, and extending down the œsophagus to the stomach; saliva allowed to escape from the mouth on account of pain produced by swallowing; pain forbids the deglutition of solid food; the whole throat and larynx feels constricted, apparently from thickening of the mucous membrane. Rough, raw and scraping sensation in the throat, with constant inclination to swallow; constrictive, smarting sensation in the throat and fauces, with hot, burning, in the cardiac region of the stomach. On attempting to swallow, an irritating, hacking cough. Acute pain in the throat extending to the ears and larynx, producing a titillating cough. Sharp, piercing pain extending from the mastoid process of the temporal bone, as if along the course of the Eustachian tube. Aching pain in the larynx, particularly in region of the cricoid cartilage, increased by every attempt to swallow.

Protracted cases requiring kali permang. incline to hæmorrhage from the throat and nose.—*N. A. Journal of Homœopathy*, October, 1893.

RESPIRATORY SYMPTOMS OF CALCAREA CARB.—Nose dry at night, free discharge during the day. Old chronic catarrhs with this characteristic. In fact, a very good indication for *calc. c.* is dryness of mucous membranes at night with free perspiration, and in the daytime just the opposite condition, viz., dry skin and free discharge from mucous surfaces. The discharge from the nose may be clear and watery, or thick, purulent and offensive.

The chest symptoms are very important and show this same characteristic of change of source of secretion day and night.

Cough is dry at night from a tickling in the throat, but in morning cough gets loose with profuse, sweetish, or sourish, or offensive frothy or purulent expectoration in large masses. Cough stays loose all day and tightens up at night with perspiration reappearing. The cough is worse from dampness and exertion. Chest walls feel sore, and there are cutting pains from front to back under the scapula.—*Ibid.*

KALI PHOSPHORICUM IN NEURASTHENIA.—In the *Homœopathische Monats-Blaetter*, No. 10, 1895, kali phosphoricum is recommended in neurasthenia from mental overwork. Depression and weakness, when no other cause can be discovered, readily yield to this remedy. It calms the pains and spasmodic affections of neurasthenics.

PHOSPHORUS IN MORBUS WERLHOFFII.—Dr. Goullon prescribed phosphorus in a case of purpura hæmorrhagica in a 15-year old and anæmic girl, whose cutaneous eruption was preceded by a cholera-like attack of diarrhœa. In less than two weeks all traces of the disease had disappeared.—*Leipziger Populære Zeitschrift fuer Homœopathie*, Nos. 11 and 12, 1893.

THE HAHNEMANNIAN MONTHLY.

FEBRUARY, 1894.

FURTHER CASES OF BRIGHT'S DISEASE, WITH REMARKS UPON THE SAME.

BY W. S. SEARLE, A.M., M.D., BROOKLYN, N. Y.

(Read before the Homœopathic Medical Society of the County of Kings, N. Y.)

ON a former occasion I had the honor of addressing this Society upon the subject of Bright's disease, and the chairman of the bureau reporting to-night has asked me to give you some account of my later experience. It has certainly been interesting and instructive to me, and I hope it may have something of the same qualities for you. I will first remark that longer study and experience have served to emphasize the necessity of the general line of treatment I then laid down. Drugs alone will not do, though they are useful, and often indispensable. Rest, baths, careful dietary, fresh air, etc., are such essential adjuvants that we cannot neglect them. I may also say here that I am still confident that this dreaded disease can frequently be cured—always, when taken in time.

I will first detail a few selected cases; and let me premise that these have been chosen, not simply because they were successfully or unsuccessfully treated, but for these two reasons: First, they were "fought to a finish," as the pugilists say; and, second, because of their teaching qualities. I learned something from each of them, and opine that others may be thus instructed. You know

that when your patient feels well you can with difficulty restrain him even though you assure him that he has not fully recovered. You know, too, that especially in this malady a patient may feel well, and still be not far from Jordan; so that the cases of Bright's disease which can be traced to positive and certain recovery are comparatively few. Again, many cases are so mixed in character, so based upon constitutional forms of disease, or, from causes beyond control, the remedial measures may be so various or so indecisive as to destroy their value as object lessons. Cases of these sorts I have omitted, and ask your attention to the outlines of a few which are more complete and instructive:

CASE I.—*W. T., æt. 10. Chronic Parenchymatous Nephritis following upon an acute attack—a sequela of scarlet fever. Recovery.*

This little boy came into my hands in June, 1891. He had been abandoned by his physicians of the old school as a hopeless case. He was as white as the sheets he lay upon, and had both ascites and anasarca to such an extent that he seemed as broad as he was long. Scattered over his head and body were roundish, copper-colored, dry and desquamating spots that looked syphilitic, but were not. His pulse was feeble and very rapid, his appetite gone; but he had no thirst. His urine was from 12 to 24 ounces *per diem*, sp. gr. 1.012, alb. $\frac{1\frac{1}{2}}{100}$, and there were uric acid crystals, granular and epithelial casts and blood.

His case was so unpromising, and my vacation so near, that I at first refused to treat him. But I finally yielded to earnest solicitation. He was kept in blankets, upon a diet of fruit and milk, and *merc. cor.* 3–10 3 t. d., with the intercurrent use of *apium vir.* 3–10 and *terebinth* 3–10 was given. He improved rapidly. The dropsy gradually disappeared, *without great increase in the diurnal quantity of urine*, so that during the latter part of the summer he was up and out of doors.

In October following I found one and one-half pints of urine, sp. gr. 1.022, some casts and blood corpuscles, with quite numerous uric acid crystals; alb. about the same. He was again put to bed upon milk diet, and the same remedies resumed. At the December examination, casts had become rare; other conditions as before. And so the winter wore away without great change. During the following summer he went into the country, and returned looking and feeling so well that it was not till the next January that I could get a specimen from him. It showed 24 ounces, 1.020, albumin $\frac{2}{100}$, and rare granular casts.

In April there was an acute recurrence of nephritis, due, no doubt, to disorder of the liver, producing uric acid in abundance. I now, with his accustomed *merc. cor.*, put him upon the use of the *sprudel* salt in hot water. This was followed by speedy and brilliant

results, and after one week he gave us 48 ounces, 1.020, a mere shade of albumin, no crystals, and no casts. With instructions to his mother to watch for uric acid, and, when it appeared, at once give him the sprudel, he was dismissed. He has remained well.

I may as well remark, while this history is fresh in your minds, how strongly it confirms the deduction to which I before called your attention, viz.: that when uric acid crystals are found, the liver disorder must first be corrected before we can hope to reduce the inflammation of the kidneys; and that when we have removed this burden from the kidneys, improvement is often rapid. For this purpose the *sprudel* salts and the *effervescing draught* are both extremely effective as palliatives while our homœopathic remedies are acting curatively.

Most of the time I do not know how to discriminate between them. When, however, uræmic conditions with nausea exist I prefer the effervescing draught. It is more soothing to the stomach on account of the carbonic acid gas. It is my pre-ent opinion that, if I had given one of these at the very outset of this case, it would have been brought to a successful termination much sooner. But, at that time, I did not know enough for that. It is interesting to observe that the enormous dropsy disappeared without polyuria at any time. In fact, during the entire case the secretion of urine was rather subnormal in quantity while I do not recall any profuseness in other excretions. The psoriasis and its cure are also unaccountable. Neither the parents nor the numerous other children have ever manifested it.

CASE II.—*Mrs. K., æt. 24. Chronic parenchymatous nephritis. Pregnancy, miscarriage. Recovery.*

I first saw Mrs. K. on February 3, 1890. She was entering her ninth month of pregnancy, and urinary analysis gave the following results.

Quantity, 2 quarts, 1.015; albumin, 40 per cent.; hyaline casts.

One month later labor occurred, and I delivered her instrumentally of a still-born child (she had given birth to another still-born child two years previously—cause unknown.) On the removal of the placenta it was found to have largely undergone sclerotic degeneration. For this there was no discoverable reason. Mrs. K. was apparently strong and well with nothing of hereditary taint, if we may except facial acne from which her father has long suffered, and which she also has. Her lying-in was uneventful and restoration was speedy.

On March 26th, examination showed about 3 pints, 1.024; albu-

min, $\frac{3}{100}$ (bulk); epithelial casts. On the basis of her acne, I prescribed the fluid extract of *berberis aquifol.* in $\frac{1}{2}$ -drachm doses, after meals, upon which her acne improved while the nephritis did not. The *bromide of arsenic*, 3-10, was next given and persisted in from the first of April until the first of the following December. By this time casts had become exceedingly rare. There were sixty ounces daily of a sp. gr. of 1.012 to 1.015, and nitric acid gave only a shade of albumin.

Argent. nit. then became indicated by some ovarian symptoms which it effectually cured. It was given, off and on, for several months.

Examinations during this period showed a constantly increasing amount of solids in the urine, with a shade of albumin and no casts. The last analysis was made on July 20, of 1893. It gave diurnal capacity of 3 pints with a sp. gr. of 1.022. There was still a shade of albumin, and there probably always will be, but there were absolutely no other signs of nephritis; the general health is excellent.

CASE III.—Miss B., *æt.* 24. *Chronic interstitial nephritis. Recovery, pregnancy without recurrence.*

Of this most interesting case I regret that I have not preserved the details. I can only state, in a general way, that she had the classic symptoms of chronic interstitial nephritis for several years. These gradually subsided, and I was consulted as to her marriage. With some misgivings, I allowed it.

On her becoming pregnant, I instituted careful monthly examinations. There was always a rather subnormal sp. gr. (1.014 to 1.020), with about a normal quantity of urine, and a shade of albumin, which, however, was only perceptible by the aid of Tanret's test, while no casts were found. These in fact had disappeared for a year before her marriage. Her confinement was as normal as possible, and she is nursing her babe with profit and pleasure to both.

CASE IV.—Rev. A. G., *æt.* 57. *Chronic Interstitial Nephritis. Recovery.*

This is another instance where accurate data are inaccessible. It is, however, matter of record that a diagnosis of chronic interstitial nephritis was made, not only by myself about eight years ago, but by Prof. A. Loomis, of New York City, and other competent experts. It was the opinion of Dr. Loomis that Mr. G. could not survive more than a few months. My remedies in his case were, as usual, rest, milk diet, *merc. cor.*, and a few intercurrent and unimportant remedies.

Under date of September, 1893, Mr. G. writes: "It is about eight years since you pronounced me well. I have since that time successfully passed three life-insurance examinations after narrating my history."

CASE V.—*T. M., æt. 50. Chronic Interstitial Nephritis. Death.*

Col. M. had been out of health for some years. He was emaciated and quite anæmic. Had lost 50 pounds in the foregoing six months. He was temperate, and of good heredity. Urinary analysis gave from 50 to 80 ounces daily, sp. gr. 1.010; alb. $\frac{2}{100}$, casts rare and hyaline. His liver was somewhat cirrhotic. This patient would not submit to my injunctions; he persisted in attending to his business as a theatrical manager and in eating ordinary plain food. *Graphites* seemed to be indicated by his general symptoms, and it was given in the third trituration, without benefit. It was followed by *pulsatilla* and by *hepar.*, equally without good results. I then refused to treat him longer unless he would submit to more rigid control. To this he would not consent, and he died suddenly within a year—of what form of disease I do not know.

CASE VI.—*S. S. S., æt. 24. Chronic Parenchymatous Nephritis, complicated by boils and carbuncles. Recovery.*

The history of this case in detail would prove fatiguing. I will therefore summarize it. He had been a victim to boils and carbuncles for about four years, when he was sent to me by his physician, who had lately discovered that he was passing large quantities of albumin, and that he had paroxysms of black urine. Examination gave three pints, 1.015, alb. $\frac{2}{100}$, and filled with granular and epithelial casts and blood-corpuscles. No sugar at this or any other time.

His treatment covered about eighteen months. During two winters I confined him to the second story of his residence, and to bed a large share of the time. During these periods he lived upon milk and fruit. In the summer he went to the sea-shore, loafed about in a boat, and consumed ordinary plain food.

A persistent use of *tarent. cub.* 3-10 finally conquered his tendency to boils; but, amidst the numerous complications, hæmaturia, attacks of liver disorder, etc., I was and am unable to derive much therapeutic instruction from his case. I know, however, that he completely recovered.

Examination, eighteen months after I had discharged him as cured, gave three pints, 1.020, alb. $\frac{2}{100}$; color, clear amber, no casts. His general health is excellent, and he is an active business man. In his, as in most other cases, a small per cent. of albumin remains long after other symptoms have vanished, and to cause its entire disappearance seems rather a matter of time than of medicine.

The following cases were treated at the Cumberland Street hospital, and I am sorry to say that I have found the records so imperfect that the cases lose much of their value. For example, the

quantity of albumin has been taken with less care than it should be. Still, I deem it worth while to transcribe them here.

CASE VII.—*Mary C., æt. 20; second pregnancy; acute parenchymatous nephritis, based upon chronic; general anasarca; death. Admitted January 21, 1893.*

During her first pregnancy she became anasarcaous, and miscarried at eight months. As the dropsy then disappeared, she had no consecutive treatment. Is now in her fifth month, is very anæmic, and has general anasarca, with very few subjective symptoms. Examination of the urine gives 16 ounces in 24 hours; sp. gr. 1.038; albumin 40 to 60 per cent. (bulk); blood corpuscles and numerous casts of every variety except the waxy.

*Merc. cor.*³, *terebinth*³ and *canth.*³ were given at various times, but the œdema increased and invaded the lungs. *Apocynum* (Hunt's decoction, in doses up to 30 drops 3 t. d.), had no effect. Miscarriage was proposed, but declined. Hot packs were then given every day. At first these relieved by inducing profuse sweat, but they soon ceased to be useful. *Phosphorus* was then tried in various dilutions without effect. *Nitric acid*, prescribed on the basis of offensive urine, seemed at first very promising, but this, too, finally failed. On April 28th she had a chill, followed by fever. Temperature 104°; headache and vomiting. Under *ferr. phos.*³ and *bell.*³ this subsided, to recur on the 30th. On that day she suddenly miscarried. The babe lived three hours. The mother's fever continued, and she died on the 4th of May.

The many examinations of urine never gave us over 35 ounces per diem; the solids varied from 30 to 55 grammes, the albumin from 40 to 60 per cent., and blood and casts were abundant. I have always regretted that I did not insist upon a miscarriage, and that I did not give her *apium vir.* and *arsenic.*

CASE VIII.—*D. M., æt. 10; deaf and dumb; acute parenchymatous nephritis, probably based on chronic; pulmonary œdema; recovery. Admitted May 11, 1892.*

Color waxy yellow; puffy about the eyes and ankles; coarse râles all over chest; rapid and labored respiration; nightly orthopnoea; temperature 99° morning, 105 $\frac{6}{10}$ ° night. No previous history attainable. Urine 35 ounces; sp. gr. not given in the records; very high-colored and largely composed of blood; albumin 60 per cent. epithelial casts. *Merc. cor.*³ every two hours and *ferr. phos.*³ frequently intercurrent were ordered. The patient confined to bed in blankets, with milk diet. Five days later, no fever, cough gone, urine still bloody.

He steadily improved, so that on June 5th, less than a month from his admission, examination gave us 50 ounces; sp. gr. 1.013; albumin a trace only, with rare epithelial casts. Improvement progressed with such rapidity that he was discharged, entirely well, on

June 20th, having been under treatment just forty days. *Mere. cor.* was the sole remedy, excepting that the *ferr. phos.* was given while the fever lasted.

CASE IX.—*A. C.*; *primipara*; *unmarried*; *æt.* 28; *parenchymatous nephritis*; *uræmia*; *normal confinement*; *recovery.*

She was admitted on November 29, 1892, just entering on her ninth month.

There was epigastric pain, some headache and œdema of one ankle. The records only state that there was considerable albumin and epithelial casts. The solids were 40 grms. She was restless and thirsty, and mainly on that account *arsen.*³ was given.

On December 5th the records show 40 ounces; sp. gr. 1.018. Total solids 50 grms.; kidney epithelia, hyaline and light granular casts. Five days later violent throbbing headache set in, with dimness of vision and epigastric pain. Believing her on the brink of uræmic convulsions, I ordered that she should take one-half pint of lemon juice each 24 hours, in divided doses and mixed with water. This course proved very efficient; all the bad symptoms gave way; the urine ran up to 68 ounces, the total solids to 107 grams, casts hyaline only and less numerous. The lemon juice was continued in smaller doses. Headache became less and less and only occasional. On January 8th she had a normal confinement, followed by an excellent getting-up. On January 21st the urine was normal in quantity, sp. gr. 1.028; albumin was still present, and there were a very few hyaline casts.

Although this case seems a triumph, it was quite unsatisfactory to me as most hospital cases are. The treatment is handicapped by a lack of proper facilities for the handling of such cases, and when the patients begin to feel fairly well, they demand discharge, and, of course, cannot be detained.

This employment of lemon-juice in uræmic conditions I learned from the late Dr. John F. Gray, of New York city. Where he obtained it I do not know, and how it operates I do not know. Dr. Gray used to claim that this acid was a great carrier of oxygen, and that it decomposed the effete products which produce convulsions by poisoning the brain and spinal cord. However it acts, it has certainly proven very effective in my hands. So far as I remember, it has never failed to prevent uræmic convulsions when given early and in large doses.

CASE X.—*J. B.*, *æt.* 22, *saleswoman, single.* Admitted December 8, 1892. *Diffuse nephritis after scarlet fever.* *Recovery.*

Some months previously she had scarlet fever, followed by œdema of the face and extremities. There was still some anasarca on admission. She had much headache and backache. Full examination of the urine was delayed by menstruation, and meanwhile severe throbbing headache set in, with dilated pupils and a red, dry tongue.

As the diurnal quantity of urine was but *six ounces*, the case looked squally in the extreme. She was given a hot pack every day, kept in blankets, with milk diet. The remedies ordered were *merc. dulc.* $\frac{1}{100}$, 3 t. d., and *bryonia*³ and *bell.*⁸ were alternated frequently. The first urinary examination, on December 14th, gave us 18 ounces 1.020, T. S. 25 grms. Abundant albumin and hyaline casts. *Bell.* and *bry.* failed to relieve the headache, and as her pulse was tense and full I substituted *glonoine*³ for them. It proved effectual.

Thirteen days later we got 45 ounces 1.034. Headache returned occasionally, and various remedies were given to palliate it, of which *baptisia* θ was the most efficient.

On January 18th, *merc. cor.*³ was substituted for *merc. dulc.*¹, and did better than its congener; so that, on the 27th, we had 60 ounces 1.020, a much smaller amount of albumin, and only rare hyaline casts.

I managed to retain this girl in the hospital until the early spring. She was then discharged, with perfect urinary secretion.

CASE XI.—S. F., æt. 40. *Acute nephritis.* Admitted May 15, 1892. *Recovery.*

Is intemperate in habits; has been out on a tramp; has been sleeping in sheds; complains of pains all over; is chilly in the evening, followed by cold sweat at night; dull occipital headache; legs œdematous; puffy under the eyes; dyspnœa; epistaxis; thirst and loss of appetite. The record gives only the statement that albumin and casts were found. *Bry. θ* and *merc. cor.* 3-10 were the only remedies required. He rapidly improved, and was pronounced well on June 22d. He afterward remained in the hospital for six months as porter and was in good health. He was finally discharged for drunkenness.

THERAPEUTIC HINTS.

In my former paper I remarked upon the unsatisfactory condition of the therapeutics of Bright's disease and the reasons therefor. From Buchner, in 1872, to Mitchell, in 1892, there is evidence of some progress in our own school, but it is quite limited, while in the old school it has been at a standstill for years. Too much of our standard therapeutics, as found in the writings of homeopathic authors, is based upon theoretic deductions from the *materia medica* in accordance with our law of cure, and too little upon pathological study and clinical experience.

For example, several of our authorities name the characteristic gastro-enteric symptoms of *arsenic* as guides for our selection of that drug as a remedy in Bright's disease, while I have yet to meet with an instance where the peculiar thirst or diarrhœa or vomiting of *arsenic* gave evidence that it was the properly indicated remedy.

Similar remarks might truthfully be made regarding *merc. cor.*, *phosphorus*, *cantharis*, and other drugs usually included in the therapeutic lists of our authors.

Doubtless deductions of this sort are not only legitimate but necessary and useful in most forms of disease, but they must be made with caution here, for Bright's disease (at least in its curable stages) is almost wholly without symptoms. And when in its later history, they do occur, I have seldom been willing to be guided by them in treatment. Take, for instance, a case of uræmic poisoning in which vomiting occurs, and no intelligent physician, it appears to me, could depend upon the peculiar gastric symptoms of his case as his guide in the selection of his therapeutic measures.

One needs but to look over the remedies named by Mitchell in his recent work to be convinced how little has been achieved in therapeutics of this dreaded malady. Nor, I am sorry to say, can I, as yet, add much to the general stock of our knowledge in this field. I will, however, venture a few hints which will, I think, prove of value concerning one or two of the chief remedies for Bright's disease.

Arsenicum.—This drug, both theoretically and practically, is adapted mainly, if not wholly, to the parenchymatous form of nephritis—the large, white kidney.

In both drug and disease the first symptom, ordinarily noticed, is œdema of some portion of the face—generally the eyelids. As a rule also, there is an inexpressible feeling of languor and prostration. With this a dull headache, especially occurring in the morning, accompanied by drowsiness and nausea is coincident. The patient becomes rapidly anæmic, and is out of breath on slight exertion. He is restless, sleepless, and sometimes tremulous.

The urine is scanty, dark yellow, brown, or perhaps, greenish and turbid. Rarely it contains blood. Rarely, also, it deposits uric acid or urates. The casts it contains are granular, epithelial or fatty (when casts are fatty, *arsenic* or *phosphorus* is indicated). Distinct corpuscles are seldom formed even when blood is present. They are shrivelled or disorganized. Epithelia from the tubules or from the pelvis of the kidney are also discovered. Albumin is abundant.

So far as I know, these are the chief reliable symptoms which call for *arsenic* in Bright's disease. They point, unmistakably, to its adaptation to the parenchymatous and not to the interstitial form.

Most plainly is this shown by the feeble pulse and facial œdema, neither of which belong to interstitial nephritis. Indeed, I doubt whether *arsenic* is ever indicated in a typical case of that sort. While, however, in this and most other forms of disease such categorical distinctions serve many obvious and useful purposes, we must not forget that there are diffuse forms of nephritis in which the whole kidney is implicated and in which the ordinary accepted classifications are impossible.

But it seems to me that, whatever the diagnosis, there need be very little hesitation over the question whether or not this drug is homœopathic in any particular case. I wish we were as sure in regard to some other remedies.

Apis.—Of this drug I may first remark that I have little confidence in its alcoholic preparations. I much prefer the *apium virus*, which is a trituration of the “business end” of the bee. When properly administered this always affords me satisfaction. I use the words properly administered advisedly since it is well known that the gastric juice destroys this as well as other animal poisons, while, when absorbed from the mouth, their effects are as prompt and certain as when hypodermically administered. I therefore always direct that the doses of drugs of this class should be retained in the mouth as long as convenient. It is also well to observe that when we employ derivatives from domestic practice—drugs whose reputation and history are empiric, we should follow as nearly as may be the manner in which they have been originally employed. In this instance, the Indians were accustomed to roast, pulverize and administer the entire bee in syrup or water. As enforcing this rule I may add that I have signally failed to obtain diuretic effects from a carefully and freshly prepared tincture made from living bees.

The indications for the use of *apis* have been and are exceedingly general and lacking in precision.

Mitchell gives them as follows: “Absence of thirst. Patient tired as if bruised all over. Erysipelatous, rosy appearance of the anasarcous limbs or red pimples. Urine scanty, high-colored. Pains of a stinging character. Useful in acute exacerbations when œdema of the eyelids is a prominent symptom. Suppression of urine.” He also states that “*apis* was useful in a case presenting yellow casts partly covered with blood corpuscles. This was an acute exacerbation of a chronic diffuse nephritis.”

Just how many of these indications are merely pathogenetic of *apis*, how many are clinical deductions or both, and how many are

reliable in any way, is a matter of doubt to me. Certainly "absence of thirst" is a valueless symptom in Bright's disease. A sensation "as if bruised all over" belongs to many other drugs, and so far as my experience extends, is never met with in this malady. Nor did any patient of mine ever complain of "stinging pains." For the present these may be the best attainable indications for the use of *apis* in this disease, but they are so little distinctive that we should diligently search for others which may point to it with greater clearness.

Belonging as it does to the same class of drugs with *cantharides* one might naturally anticipate that it would at least similarly affect the human system. And, indeed, in some respects this is true. Both poisons decidedly disturb the urinary tract; but *cantharis* acts much more violently than *apis*. Coarsely, they stand to each other as lesser and greater. But, from some late experiences in the use of *apium vir.*, I have been inclined to think that the bee poison acts most decidedly upon the cortex of the kidney, the Malpighian bodies, and that its curative sphere is rather limited to albuminuria. It appears to me doubtful whether it has any curative power in interstitial forms of nephritis while in the parenchymatous forms, and in the albuminuria which is so obstinately protracted after Bright's disease, of any form, has been essentially cured, it is proving, in my hands, very efficient.

I generalize in this way from the decided aggravation of the albuminuria in two cases of chronic parenchymatous nephritis now under treatment without increase in the number of casts induced by the third decimal trituration, while, on substituting *sac. lac.* for the drug the amount of albumin excreted rapidly diminished.

In another instance, a very large per cent. of albumin, $\frac{9.8}{100}$ by bulk, dwindled to $\frac{5}{100}$ in a few days under the influence of the third decimal. I am sorry to say that an apparent aggravation of the condition followed, which has given me great trouble. This was a case of the so-called glomerular nephritis, a condition where, although there is such an enormous quantity of albumin, there are few if any casts. But I am in the very midst of my study of the therapeutic sphere of this drug, and cannot say anything definite about it as yet.

I merely throw out these few hints in the hope that I may derive aid from my hearers in this investigation.

While recognizing the possible fallacies attending clinical deductions from cases like this, I am still of opinion that they afford hints broad enough to deserve careful repetition of the experiments.

If it be true that in *apium* we have a reliable remedy for engorged and leaky glomeruli, it is a prize, indeed, and one I have sought long and anxiously. For nothing is more common than to get rid of all abnormal constituents of the urine except the albumin, while this persists, and persists till both patient and doctor are discouraged.

Pulsatilla, *hamamelis*, *carbo veg.*, *lachesis*—all the remedies that give us venous congestion—I have tried repeatedly and without success, and have been inclined to think that, after the vessels of the glomeruli had long been varicose, we could not expect them ever to return to their normal size and tension.

Practically, however, in some instances, they have done so after lapse of years, as in Case IV., but in the majority of instances, a shade, at least, of albumin may be detected by careful testing long after all other symptoms have permanently departed. And so long as congestion continues, passive though it be, and however trivial it may seem, we have a fertile soil for the development of acute recurrences of inflammatory disease. I think this is true in any organ or part of the body.

Mercurius cor.—This drug and *arsenicum* are our sheet anchor in the treatment of Bright's disease, and as a rule, it appears to me that there can be very little doubt when each is indicated. Broadly, I may say, that *mercurius* (either the *dulcis* or the *corrosivus*) is applicable to interstitial while *arsenicum* belongs to parenchymatous nephritis. But I think *mercurius* laps much more upon the sphere of *arsenicum* than *arsenicum* does upon that of *mercurius*. That is, it has not infrequently happened to me to find ground for prescribing *merc. cor.* in cases of parenchymatous nephritis, while I do not remember that I ever thought *arsenic* indicated in the interstitial form.

In acute nephritis you can scarcely go amiss, it seems to me, if you make *merc. cor.* the main remedy. Mitchell (*Diseases of the Kidney*, 1890), credits it with hyaline casts only, but its pathogenesis is emphatic in assigning to it also granular, epithelial, and even fatty casts as well as blood.

I think, from all I can learn, from the records of poisoning, and from pathogenetic experiment, that if fatty casts are ever present, it must be because there was fatty degeneration in the kidneys before the sublimate took effect.

As a rule in acute nephritis, I think *aconite*, *ferr. phos.*, or some

other remedy of that sort should be administered with the corrosive mercury, and warm baths (98° to 100°) given.*

As to the employment of *terebinth* or *cantharis*, as coincident with either *arsenic* or *mercury*, I am unable to speak as yet. Of course *terebinth* is the main remedy for bloody urine, while *cantharis*, in acute cases, may be indicated by its sexual excitement and strangury, but in chronic cases, such symptoms seldom, if ever occur.

Phosphorus, as already remarked, is indicated by fatty degeneration of the kidneys, as evidenced by fatty casts in chronic nephritis. Of course, I need not rehearse the distinctive points between it and arsenic. They are clear and unmistakable. It is in the acuter forms of nephritis that one must hesitate as to its applicability. I think its union with iron in *ferr. phos.*, that well-known and powerful drug, is especially desirable in acute cases. As to its employment as *phosphorus*, pure and simple, we should remember that its hæmaturia is of dissolved or decomposed blood; so that if the blood corpuscles, under the microscope, approach perfection of size and shape, we ought rather to look to *terebinth* and its congeners. All the more is *phosphorus* indicated by the presence of its peculiar jaundice, while the type of individual to which it belongs is well known. I do not know that I can now offer you anything fresh or new upon the homœopathic use of other drugs in this disease. I will, however, say a few words regarding the general treatment—the adjuvants of our remedies.

I am becoming very partial to the use of the prolonged warm bath in some of my cases of Bright's disease. While it cannot replace the hot-air bath nor the hot pack where profuse perspiration is desired, it certainly aids materially in equalizing the circulation and in assisting the skin to cast off waste products, while it is free from all the possible ill effects induced in the inflamed kidneys by the more rapid circulation, which is a sure effect of the hot bath in any form.

There can be little doubt, too, that, by the principle of endosmosis, a good deal of water is absorbed through the skin, and often with benefit. A bath of about 98° protracted over half an hour or

* I have been in the habit of regarding the moist, swollen tongue, rather thickly coated, and with prominent red papillæ at the tip as demanding *merc. cor.* Whether this be a reliable symptom in Bright's disease I have not yet decided.

I also advise the employment of this drug in alcoholic solution upon pellets or tablets. It is claimed that it degenerates into the mild chloride in triturations, and in time, it may do so.

an hour not only produces these results, but it soothes and calms the nervous system, and thus helps to bring early, sound, and refreshing sleep. It is well to give a glass of milk before the bath and after it, while drinking the same on awaking in the night or early morning assists both in helpful nutrition and in obtaining sleep. We forget that our habit of eating only three times a day is an unnatural and acquired one, and however appropriate or even necessary it may be in active civilized life and for the healthy, it may be improper and harmful for the delicate or sick. Left to themselves, animals eat almost constantly. Infants of our species, too, spend most of their time in eating and sleeping. With all it is natural to go to sleep with a full stomach. At any rate, if you want to fatten your patients or nourish them up from exhausted conditions, give them all the milk and fruit they can take every thirty minutes of their waking time, and you will be surprised at the quantity they can dispose of without injury not only, but with positive benefit. Have you ever realized that milk is the only complete and typical food furnished by nature? Probably it would not suffice to nourish laboring men or business men, especially when taken only at the usual meal times, but, used as above indicated, it is certainly extremely efficient and ample food for invalids or for the idle.

As to rest in bed, in quiet, sunlit rooms, with plenty of fresh air and sometimes with gentle massage, I can only emphasize what I have previously told you. They are absolutely necessary in our cold winter months, while in summer and early autumn we shall do well to exchange these for a quiet country life. I am cautiously exploiting the Turkish baths, and hope to find that in some cases they will prove beneficial.

"SYMPTOMS" THE BASIS OF HOMŒOPATHIC PRESCRIBING.

BY JOSEPH C. GUERNSEY, A M., M.D.

"FOR the physician, the totality of the symptoms alone constitute the disease;" and "The totality of the symptoms is the sole indication in the choice of the remedy."* On these two commandments hang all the law and the disciples of homœopathy!

Two years ago, wishing to impress upon the minds of some stu-

* Hahnemann's *Organon*, § 6 and § 18.

dents the importance and practical value of symptoms, I gave them the following formula, which I had evolved for their benefit :

Symptoms	=	Remedy,
Remedy	=	Cure,
Cure	=	Money.

This was very good as far as it went ; but wishing to "rub it in," and make a still stronger impression of the importance and practical value of symptoms, I said, "Now we will momentarily return to our schoolboy days, and do a little cancellation." We find that "remedy" cancels "remedy" and "cure" cancels "cure."

Symptoms	=	Rem/edy,
Rem/edy	=	Cu/re,
Cu/re	=	Money,

leaving, as a result, *Symptoms = Money!*

The above left an impression on my mind which suggested the title of this paper.

SYMPTOMS.—What are they? How may they be obtained? What does their removal signify?

We find complete and satisfactory answers to the above questions in that well-known, but too little read, book, Hahnemann's *Organon of Homœopathic Medicine*. After a preliminary refreshing of our minds as to what uses a physician is called upon to perform, we will glance at the paragraphs of the *Organon* which refer specially to *Symptoms*.

We learn, in the first four paragraphs of the *Organon*, that § 1. The *first* and *sole* duty of the physician is to restore health to the sick ; § 2. That the perfection of a cure consists in restoring health in a prompt, mild and permanent manner ; § 3. That when the physician clearly perceives the *curative indication* in each particular case of disease, and when he knows how to apply that which is curative in medicine to that which is diseased in the patient, both in regard to the choice of the substances (*i.e.*, of the proper remedy), the precise dose (or potency) to be administered, and the time of repeating it, then only can he merit the title of a genuine physician, or a man skilled in the art of healing. § 4. The physician is likewise the *guardian* of health when he knows what are the objects that disturb it, which produce and keep up disease, and can remove them from persons who are in health.

Thus we see that a physician, according to the *Organon*, is for a

two-fold purpose: first, he is to cure the sick; second, he is to guard the health of those who are well.

The paragraphs of the *Organon* bearing particularly upon Symptoms are Nos. 6-8, 14, 17, 18, 27, 84-102, 104, 152, 153, 172-184, 253.

We learn from § 6, § 8, that symptoms are changes of the state of the body and mind—that is to say, deviations from the former sound state of health—which are felt by the patient himself, remarked by those around him and observed by the physician; also that the totality of these signs (symptoms) represents, in its full extent, the disease itself. To cure disease it is merely requisite to remove the entire symptoms, also that the totality of the symptoms ought to be the principal or sole object that a physician ought to have in view in every case of disease; because when all the symptoms are extinguished, the disease is internally cured. § 14. There is no curable disease in the interior of man that is not made known by symptoms to the physician of accurate observation—a provision entirely in conformity with the infinite goodness of the all-wise Preserver of men. § 18. The totality of the symptoms is the sole indication in the choice of the remedy; beyond the totality of the symptoms there is nothing discoverable in diseases by which they could make known the nature of the medicines they stand in need of.

An interesting question, and one useful in its reply, suggests itself right here—How are we to know what the curative powers of medicine are? The answer is in § 27. The curative powers of medicine are grounded upon the faculty which they possess of creating symptoms similar to those of the disease itself, but which are of a more intense nature. In other words, the curative virtues of medicines depend solely upon the resemblance that their symptoms bear to those of the disease. It would be a good thing if students were examined sharply on § 84, through § 99, how to obtain symptoms, what are important symptoms, what errors to guard against falling into when taking symptoms, and the like; thus, § 84. The patient details his sufferings (subjective symptoms); the persons about him relate what he has complained of, how he has acted—in short, all they have remarked in him; and the physician observes all the abnormal conditions (objective symptoms) he can. § 87 warns against asking questions of a patient in such a way as to suggest the answer. § 91 is a reminder that the symptoms which appear, and the sensations of the patient, during the use of medicine or shortly after, do not furnish a true image of the disease. This paragraph

should receive careful consideration in the treatment of every chronic case. § 92 modifies the above paragraph in the treatment of dangerous acute diseases. § 95 and § 97 call for *all* the symptoms, and state the importance of going into the minutiae of chronic affections, as some patients pay little or no attention to the lesser symptoms, which are often decisive in regard to the choice of the remedy; while § 96 warns against the opposite extreme—those who depict their sufferings in lively colors and make use of exaggerated terms. § 98. The physician must be possessed of an uncommon share of circumspection and tact, a knowledge of the human heart, prudence and patience, to be enabled to form to himself a true and complete image of the disease in all its details. § 104. The totality of the symptoms which characterize a given case being once committed to writing, the most difficult part is accomplished; for thus there is at all times a perfect image of the disease, revealed by its symptoms, at the commencement and during the progress of the treatment.* § 152. A disease with numerous and striking symptoms admits of finding the homœopathic remedy with more certainty. § 153. In searching after a homœopathic specific remedy we ought to be almost exclusively attentive to the symptoms that are *striking, singular, extraordinary* and *peculiar* (characteristic); *for it is to these latter that similar symptoms, from among those created by the medicine, ought to correspond.* § 172 to § 184 inclusive describe the measures to be taken in the treatment of diseases that have too few symptoms. These paragraphs deserve special study, as we all know how our souls have oft been tried by the apparent dearth of symptoms.

§ 253. The signs of incipient improvement. In all diseases the state of mind and general demeanor of the patient are among the first and most certain of the symptoms that announce the beginning of any slight improvement or aggravation of the malady. If improvement begins in ever so slight a degree, the patient feels more at ease, is more tranquil, his mind is less restrained, his spirits revive and all his character is more natural. The very reverse takes place where there is only a slight aggravation; an embarrassment and helplessness are observable in the mind and temper of the patient, as well as in his actions, gestures and postures.

In the foregoing I have given a hasty *résumé* of the paragraphs

* Dr. Constantine Hering stated that "The physician who takes no notes of his cases resembles the artist who professes to draw from recollection." I will go further and say that the physician who does not record the symptoms of his cases is like a sea captain starting across the ocean without a compass to steer by.

of the *Organon* which refer chiefly to *symptoms*; *what they are, how they may be obtained, what their removal signifies.*

There is too much of a tendency at the present day to use the lower potencies, and to seek palliative rather than curative measures. I do not understand why this should be. Drs. Hering, Lippe, Dunham, Raue, H. N. Guernsey, and a host of others like them, were eminently successful practitioners and the cures they wrought with potentized medicines bordered in many cases on the marvellous. They achieved their results by two factors:

- 1st. They studied "symptoms" as taught in the *Organon*; and
- 2d. They studied their *Materia Medica* and learned to apply it to "symptoms."

I cannot bear to hear a doctor say, "I know I had the right remedy, but it would not work." It was my privilege to be intimately associated in practice with the physicians named above, and I never heard one of them say, "I am sure I have the remedy, but it fails to act." On the contrary, when they failed to cure they would send for one another, saying, "I have *not* found the *similimum* in this case; come and help me look for it;" and I have known each one of them to find remedies for the other where one had failed.

Homœopathy so often gets the credit of being at fault, when really we are the culprits. We do not work hard enough to get hold of the right symptoms. § 153, "In searching after a homœopathic specific remedy, we ought to be almost exclusively attentive to the symptoms that are *striking, singular, extraordinary, and peculiar* (characteristic). *for it is to these latter that similar symptoms, from among those created by the medicine, ought to correspond.*"

If a remedy fails to act, after giving it in a potency sufficiently high to warrant a fair trial, we may make up our minds that we have not found the *similimum*; *i.e.*, we must blame ourselves, and not the law *Similia Similibus Curantur*.

There are many who say that we ought to drop the designation "homœopaths," and be known only as "physicians." It is impossible for us to do this—for *this reason*. As there can be but one centre to a circumference, so there can be but one central truth to the science of prescribing medicine. We of the homœopathic school know that we possess that truth in the law "*Similia Similibus Curantur*." So long as we believe in and regulate our practice by this law, so long we must as surely retain the name *homœopath*, as the believers in and followers of Christ must retain the name of *Christian*.

SOME PATHOLOGICAL CONDITIONS OF THE OVARIES CAUSING STERILITY.

(With Eight Photo-Micrographs.)

BY THEODORE J. GRAMM, M.D., PHILADELPHIA.

MY interest in the alleged reckless removal of the ovaries has been coincident with my earliest interest in the diseases of women. The charge of recklessness in spaying women is heard on every hand, and has often suggested the query whether accomplished physicians and presumably conscientious and moral men, holding high positions of trust in colleges and hospitals, would deliberately and repeatedly jeopardize the lives of women for the gratification of an idle whim or, as a consequence, of ill-advised judgment.

Looked at in this light the charge is indeed a serious one, and from the first suggested a careful examination on my part of pathological specimens which fell into my hands through the kindness of a number of skilled operators whose operations I witnessed. The courtesy of several of my accomplished friends, whose kindly interest I hold in grateful remembrance, very soon placed at my command, several years before operating for myself, quite a large collection of pathological specimens, which furnished an admirable opportunity for the study of the pathology and pathological anatomy of gynecological diseases.

The description of no one case forms the basis of this communication, but this paper is intended to review the oft-recurring changes, destructive to the fertility of the woman and materially affecting her well-being, which occurred in the ovaries and tubes of a series of cases operated after the total or almost complete failure of other means of relief applied by skilled physicians of both schools of medicine.

These specimens form an instructive series, and exhibit pathological changes which vary greatly in size and general appearance. Here is the cirrhotic ovary, small, globular, scarred, distorted, and misshapen, whose possession rendered the woman's life a miserable and hopeless existence; and here again is seen the ovarian cystome which the woman bore about with a false appearance of portly well-being until the cumbersome load added danger to discomfort and the patient submitted to an abdominal section.

But there are other specimens in this collection which are not so strikingly diseased; they are neither very large nor very small. The size of the ovary may be very nearly that which the text-books say is normal, and the surface is in much the same condition. True, its surface may be nodular; elevations of various sizes, and having different colors, are seen in places, but are not these Graafian follicles which rupture and liberate an ovule? And, as to the tube, there are no very pronounced abnormality to be seen on superficial inspection. True, it may be thicker than some other tubes; it may have a different shape, and there may be constricting bands across it and dilatations beyond them which are not seen in many other specimens.

It is these specimens, referred to in this superficial way, the so-called "small ovaries and tubes," which furnish the cause of contention, have occasioned innumerable debates, and have made possible these serious charges impeaching the motives and judgment of many men in high standing.

My conclusion, reached after a study of many specimens, is that this serious arraignment of professional integrity is usually unfounded, and is the result of gross neglect on the part of the accusers to profit by facts readily obtainable by accurate scientific methods, and failure to shape their judgment according to the conclusions thus to be acquired.

Pathology is, indeed, an unreliable guide to correct therapeutics, but that larger and broader judgment involved in correct and rational treatment in all its parts would appear to be absolutely dependent on a correct understanding of diseased processes as they are thus far revealed to us, and upon the tissue changes present and their predestined morphological course.

The intervention of surgical procedures is likewise often accurately indicated by an understanding of correct pathology. This is true in many branches of medicine, but notably so in the correct and safe treatment of purulent processes in the pelvis. Bernutz and Goupil showed the correct pathology of so-called pelvic cellulitis in the female, and suggested its correct treatment fifty years before their views were generally accepted, and their views were based alone on the pathological anatomy as revealed after persistent investigations in the dead-house. It is true that the absence of the safety associated with the antiseptic method in surgery might have delayed the general application of their suggestions; but even so, the mortality in this disease could scarcely have been greater than when

women were permitted to die under little less than what might be called an expectant method, or were not rescued from the horrors of burrowing pus and rupturing abscess.

The pathological changes which take place in the female sexual and generative organs are not as generally known as they might be, and certainly not as accurately known as should be in order to entitle many to an opinion as to the fallacy of radical treatment or the possibility of benefit from so-called conservative treatment. It is my present purpose therefore, while neither condemning conservative or medical treatment, nor defending radical procedures, much less advocating operative interference whenever the microscope can be made to demonstrate tissue change, to recall to your remembrance some of the changes, destructive of the reproductive function of the female and detrimental to her social usefulness and physical well being.

The ovaries are the essential reproductive organs of the female, and their existence the crucial test of hermaphroditism; and while the possession of ovaries by any being does not necessarily determine its reproductive capability, reproduction being dependent upon many other conditions, yet it remains true that the absence of ovaries or their essential absence as brought about by destructive processes affecting the entire organ or its essential germs the follicles, makes a woman sterile. Careful examination of the ovaries ought therefore to reveal the fertility or sterility of a woman when the defect lies here; but when we take into account the other serious defects which interfere with reproduction as they are found alone or associated with ovarian disease in occluded or grossly diseased Fallopian tubes, the conviction must surely present itself that it is not to be decided off hand whether an operation was justifiable or not, but that on the other hand it is the duty of every one who at any time takes upon himself the responsibility of advising either for or against an operation should give all possible attention to the pathological changes, intimately associated with which is often so much involving a woman's health, happiness and usefulness in life.

As is well known, the function of the ovary is to furnish that portion which the female contributes to conception, the ovule. The ovary and its ovules begin to develop in a most interesting manner very early in embryonic life and continue to undergo certain changes associated with the production of mature ovules capable of impregnation. Forty thousand ovules is the number which Henle estimates an ovary to contain, a condition of things which has been

aptly compared to the bountiful provision of nature as regards possible fertility as is seen in the fruit trees of the orchard blossoming in vernal beauty. In passing, it may be asked, would it be relatively correct to regard a tree as fertile which bore a few isolated blossoms on some specially favored branch, or would a good husbandman allow a tree to stand which could only display such meagre evidences of its reproductive capacity, not to regard the evil influence on surrounding members of the orchard?

In this article I propose to show a few photo-micrographs made originally for some lectures to the students in the spring course of the Hahnemann Medical College of Philadelphia. Fig. 1 illustrates the ovary of a child at three years of age. It is magnified fifty diameters, and shows the immense number of follicles in the ovary at that age.

These Graafian follicles do not all reach maturity; a certain large number perish in different ways, so that at puberty the ovary does not contain nearly so many follicles as after birth and during infancy. Many however remain, and these continue to mature, to enlarge and approaching the surface of the ovary, rupture and discharge the ovule surrounded by the cells of the membrana granulosa or the proligerous disc. The appearance of a Graafian follicle about to do this is depicted in Fig. 2. Very much could be said in description of these processes both as regards their manner and frequency of occurrence, but this article is intended only to be suggestive and not at all exhaustive of the subject. One point, however, should be here observed, namely, the marked attenuation of the ovarian tissue immediately surrounding the follicle whereby rupture is made possible.

If now we examine some of these specimens which have been removed for what was considered good cause after a preliminary failure to afford relief by other means, it will be found that most diverse external appearances are presented. As has been said above, the size varies greatly; some are much smaller than normal, others are enlarged in varying degree, while some appear of normal size. In shape also some curious variations are exhibited. In some cases the normal relative shape is retained. Other specimens are singularly globular; or they are oblong, much narrower and longer than normal, and resemble the ovaries of some of the lower animals and of the foetus, the so-called foetal ovary. Scars, depressions, or deep fissures, localized thickening on the surface, or bands of organized fibrinous exudate, the result of inflammation around the ovary,

deform their external surface. The surface of some ovaries, again, is smooth and free from fissures, but there are a series of nodular elevations over the entire surface, while the organ is enlarged in all its diameters.

On making a section through the long diameter of the ovary, the cut surface is often found to be hard, indurated, or almost fibrous, with an absence of follicles, or the tissue is somewhat softer, and toward the surface of the ovary there are quite a number, twenty or thirty, of cystic Graafian follicles about the size of a pea, which are seen to form the nodular elevations above referred to.

Another class of cases in which the ovary is not materially changed in size cannot even boast of only the amount of departure from normal as those referred to in the previous paragraph, and that fact is worthy of emphasis. Some ovaries do not give on their surface a pronounced intimation of the extensive disintegration which has taken place in the tissues of the ovary, as a cut through the organ will show even on superficial examination. It is sometimes found that five or six, or a dozen at most, cysts from the entire mass of the ovary are filled by a yellowish or red or brown fluid; or one-third of the entire ovary is occupied by a yellowish mass called a corpus luteum, the remaining two-thirds being in varying conditions of chronic oöphoritis. Again, one-half or three-fourths of the ovary is found to be involved in a blood-clot in various stages of organization. The vessels of the ovary are often seen to be in an abnormal condition; they are enlarged and often increased greatly in number, giving a sieve-like appearance to certain portions of the gland.

If a section of an ovary mounted for the microscope be examined, the first striking condition which appears is the almost entire absence of ovules in some specimens, or the entire absence of ovules which give evidence of having made any material advance toward maturity. On the other hand, where Graafian follicles are seen they often exhibit a cystic degeneration which occurs in different degrees. Some specimens show the ovary, about normal in size, to be composed of about a dozen cysts which have encroached upon and involve the stroma, with not a single Graafian follicle even approaching a normal appearance in the thin bands of fibrous tissue which form the walls of these cysts, or which surround them and form the surface of the organ. In other specimens in which Graafian follicles are seen, there are twenty or thirty dilated follicles about the size of a pea, whose contents, after being hardened, have a granular appearance,

and whose inner surface is composed of many glandular cells which were at one time the cells of the *membrana granulosa*.

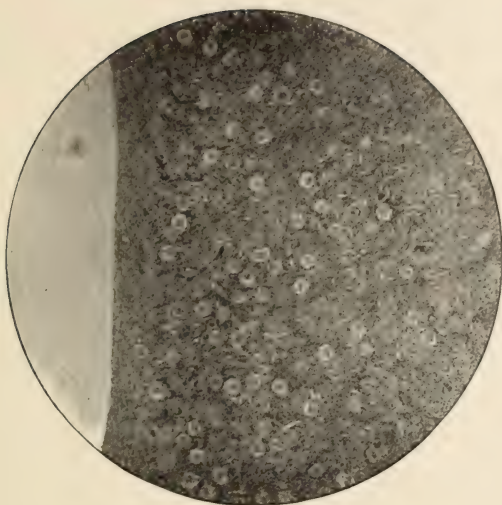
In examining the slides more critically, it is often found that there has previously been a deposit of fibrinous matter on the surface, the result of previous inflammatory action about the organ. In addition to this, the surface of the ovary does not have the usual appearance of a *tunica albuginea* covered by a layer of serous endothelium; but, on the contrary, the tunica is much thickened to ten or twenty times the normal, or the surface of the ovary has been transformed into a dense layer of fibrous tissue which altogether changes the histological character of the ovary at that point.

These conditions are seen in the accompanying photo-micrographs:

This condition of the *tunica albuginea* and of the cortical portion of the ovary is of far more serious import than would at first appear from a mere statement of the fact, and causes marked interference with the function of the ovary. Indeed, there is little doubt that in an advanced degree this condition renders the woman absolutely sterile, for it prevents the maturation and healthy discharge of the ovule. In the course of normal ovulation the ovules situated at some little distance from the surface of the ovary in the cortical portion enlarge by successive proliferation of their cellular elements, and at the same time approach the surface. An attenuation of the tissues immediately beneath the *tunica albuginea* occurs, as is seen in Fig. 2, and involves also the denser tissues of the tunica. If, now, the resistance of these tissues at this point is so great that this attenuation is impossible, and, on the contrary, greater pressure is brought to bear upon the follicle than can be overcome by its tendency to grow outward, rupture is prevented, and thereafter its growth is downward into the stromal portions and a dropsical or cystic follicle results. This enlargement of successively developing ovules may leave a number of them of about the same size, or the enlargement of one or a few may transform the ovary into a mass composed of indurated ovarian tissue at one end and at the other one of several cysts varying in size from five to twenty millimeters in diameter. Hæmorrhage sometimes takes place into these cystic follicles.

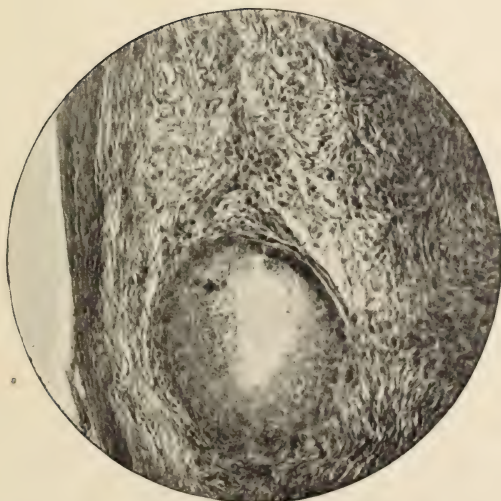
Another frequent and interesting pathological condition is the *gyroma* of the ovary, called also *corpus fibrosum* or *corpus albicans*. This, with what is believed to be its succeeding and associated pathological condition, the *endothelioma* and *hematoma* of the ovary are of great importance and deserve further study, since through their instrumentality large portions of the ovarian gland are de-

FIG. 1.



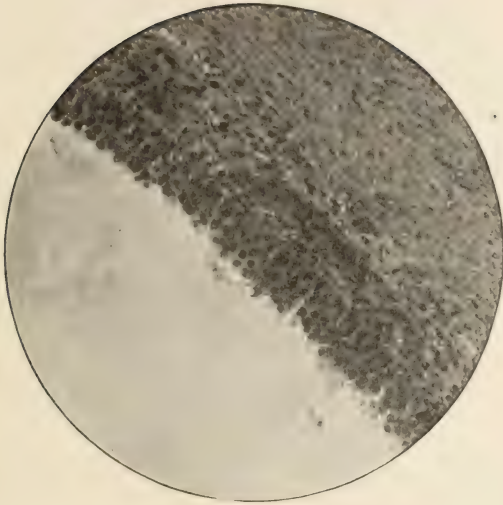
Ovary of a child aged 3 years.
Multiplied 50 times.

FIG. 2.



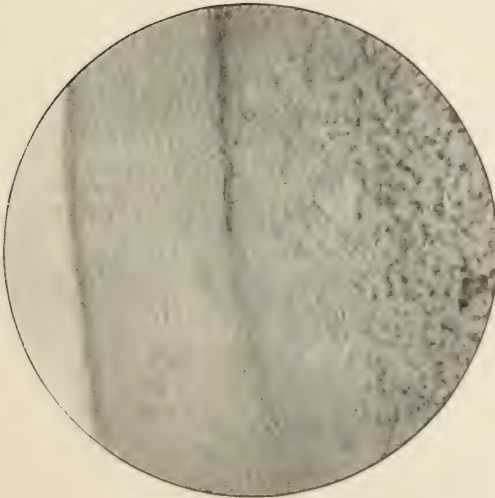
Maturing ovule near the surface of the ovary, showing the *membrana granulosa*.
Multiplied 150 times.

FIG. 3.



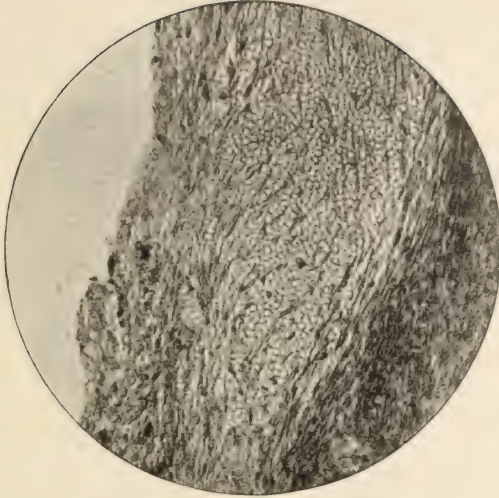
Thick layer of glandular cells on walls of a cystic Graafian follicle.
Multiplied 200 times.

FIG. 4.



Thickened tunica albuginea.
Multiplied 200 times.

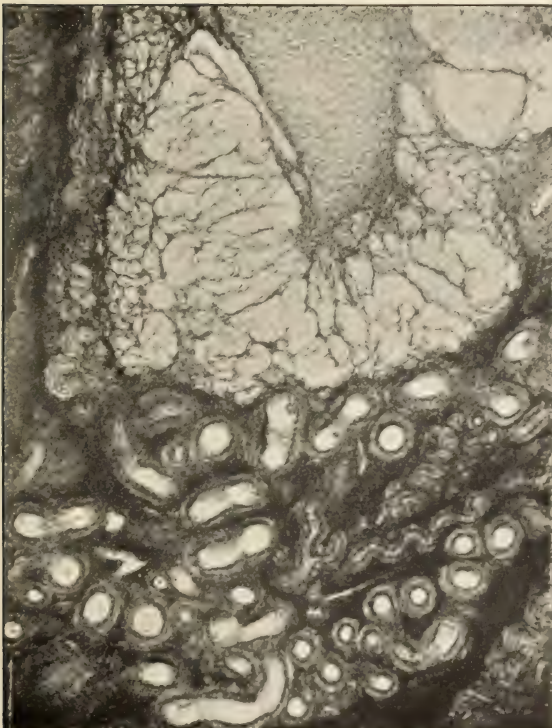
FIG. 5.



Inflammatory deposit on surface of ovary.

Multiplied 200 times.

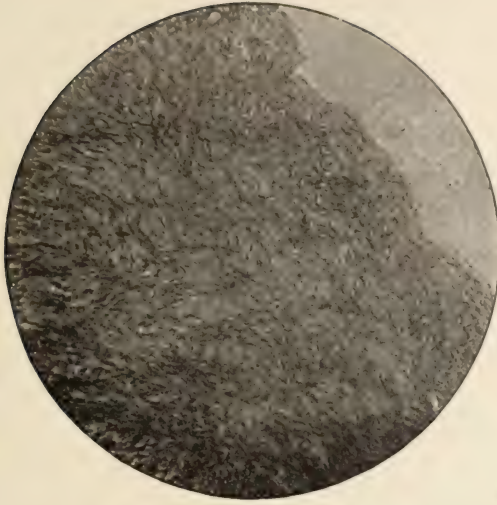
FIG. 7.



Gyroma of ovary; also multiplied and diseased vessels.

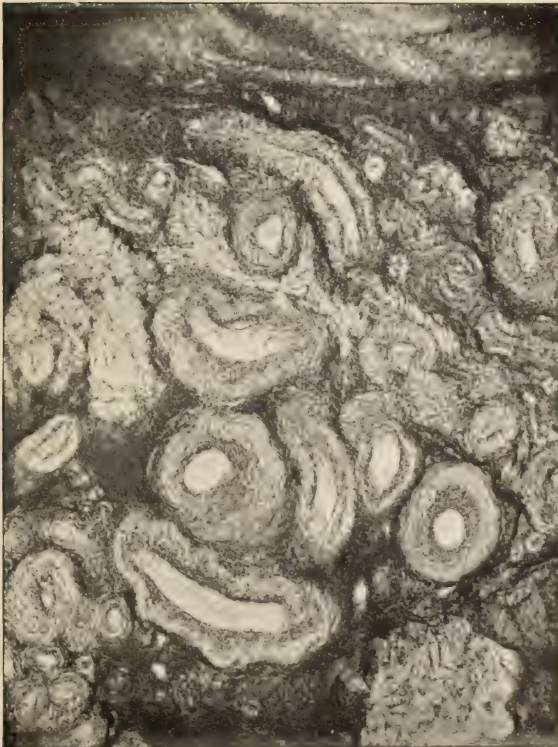
Multiplied 50 times.

FIG. 6.



Ovarian cortex transformed into fibrous tissue.
Multiplied 200 times.

FIG. 8.



Endoarteritis obliterans and arterio-sclerosis. Beginning gyroma.
Multiplied 50 times.

stroyed. Besides, it is these conditions with which pre-eminently are associated the distressing and persistent pains in the ovary which have often induced the decision to extirpate the gland. It has been found also that pathological changes have taken place in all the tissues of the ovary where the gyroma is found. The appearance presented by this condition is seen in Fig. 7.

In the ovarian cortex the remains of the walls of the ruptured follicle originate the gyroma. As a result of chronic oöphoritis, this wall thickens and becomes transformed into myxomatous tissue in masses which involve large portions of the ovary.

In the medullary portion of the ovary the gyroma seems to originate from the previously diseased and tortuous arteries, which have been obliterated by endoarteritis. The amount of injury and tissue change which endoarteritis produces may be seen in Fig. 8, which is a reproduction of this condition magnified two hundred diameters.

Endothelioma is the name given to a formation which has long been called a corpus luteum, and which was supposed to exist normally as the remains of a matured and ruptured follicle. The absence of pathological change, associated with this formation, is at present a disputed question, the influence of chronic oöphoritis being charged with bringing about the changes resulting in the condition formerly regarded as normal. The corpus luteum of pregnancy is also believed to be an endothelioma which results in consequence of the intense pelvic congestion existing during pregnancy, and which disappears when that congestion subsides after delivery and normal involution of the generative organs. Endotheliomata often increase in size so as to involve the larger bulk of the ovary, and give rise frequently to persistent pain.

Their importance does not end here, however; for it is believed that they often eventuate in a condition not at all in dispute as to its morbid character, namely, hæmatura. This consists of a collection of blood effused into the cortical or stromal portion of the ovary or into both, and often involves a large relative part of the ovary; that is to say, one-quarter, or one-half or three-quarters. It is often found associated with an endothelioma; indeed, a large central clot is the usual condition of an endothelioma. This blood clot may be composed of recent blood in masses or may only show the remains of corpuscles whose faint outlines contain no internal structure.

A number of pathological formations occurring in the ovary have thus been depicted and described in brief. Concerning their origin and associated conditions, much could be said; but the results at-

Maryland,	.	.	.	.	.	.	.	.	.	11.52
Vermont,	.	.	.	.	.	.	.	.	.	10.33
Maine,	.	.	.	.	.	.	.	.	.	9.34
California,	.	.	.	.	.	.	.	.	.	7.02
Michigan,	.	.	.	.	.	.	.	.	.	5.06
Minnesota,	.	.	.	.	.	.	.	.	.	3.86
Ohio,	.	.	.	.	.	.	.	.	.	6.00
Pennsylvania,	.	.	.	.	.	.	.	.	.	7.68
Wisconsin,	.	.	.	.	.	.	.	.	.	4.99
Illinois,	.	.	.	.	.	.	.	.	.	4.73
West Virginia,	.	.	.	.	.	.	.	.	.	4.46

It will be observed that all these States lie north of "Mason and Dixon line." It is in these States that statistics show that rheumatism and Bright's disease is most prevalent.

The climatic condition of these States consist of coldness and dampness mainly, and often of high altitude. We will now glance at those States where Bright's disease is less frequent.

Arkansas (percentage to 1000),	.	.	.	.	.	.	.	.	.	1.95
Georgia,	.	.	.	.	.	.	.	.	.	1.67
Indiana,	.	.	.	.	.	.	.	.	.	3.46
Iowa,	.	.	.	.	.	.	.	.	.	3.45
Kansas,	.	.	.	.	.	.	.	.	.	2.50
Kentucky,	.	.	.	.	.	.	.	.	.	3.28
Mississippi,	.	.	.	.	.	.	.	.	.	2.60
Missouri,	.	.	.	.	.	.	.	.	.	2.89
Nebraska,	.	.	.	.	.	.	.	.	.	1.68
North Carolina,	.	.	.	.	.	.	.	.	.	1.85
South Carolina,	.	.	.	.	.	.	.	.	.	2.47
Tennessee,	.	.	.	.	.	.	.	.	.	1.11
Texas,	.	.	.	.	.	.	.	.	.	2.14
Virginia,	.	.	.	.	.	.	.	.	.	2.95

Florida is not given, but I believe from my observations and interviews with physicians of that State that the percentage is less even than in Georgia and other Gulf States. You will observe the contrast between West Virginia, which is mountainous, very damp and cold, and East Virginia, which is warmer, lower, and less humid. The percentage in the former is double that in the latter. The statistics of rheumatism conform with that of Bright's disease in the Southern States; as in West Virginia, with its coldness, moisture, and high altitude, there rheumatism is more prevalent.

The following grouping was suggested by Mr. Gannet, the geographer of the census. It gives clearly the regional geography of Bright's disease.

DEATHS FROM BRIGHT'S DISEASE IN EACH 1000 DEATHS IN THE UNITED STATES FOR 1880.

In Grand Groups, Showing Climatic Features and Population.

REGION.	Ratio to 1000.	Mean Temperature, F.	Mean Rainfall, in inches.	Elevation, in feet.
1. North Atlantic Coast region.....	17.38	40-50°	40-50	100 to 500
2. Middle Atlantic Coast region.....	19.73	45-60	45-55	Below 100
3. South Atlantic Coast region.....	2.59	60-65	50-60	"
4. Gulf Coast region.....	9.41	70-75	55	"
5. Northeastern hills and plateaus.....	11.20	35-45	35-45	500 to 2500
6. Central Appalachian region.....	8.23	40-45	35-40	Above 500
7. Northern lake region.....	7.17	45-50	30-40	200 to 300
8. The interior plateau region.....	8.32	45-50	40-45	100 to 200
9. The Ohio River belt.....	5.83	45-55	45-50	300 to 1000
10. Southern Centr'l Appalach'n region	2.63	45-55	45-50	1000 to 2000
11. Southern interior plateau.....	2.99	67-70	50-60	Below 1000
12. South Mississippi River belt.....	3.14	60-65	50-55	100 to 300
13. North Mississippi River belt.....	3.73	40-50	30-50	Above 500
14. Southwestern central region.....	1.97	60-70	35-50	100 to 500
15. Central region (plains, etc.).....	3.70	50-60	40-45	500 to 1500
16. Prairie region.....	3.59	50-55	25-40	About 1000
17. The Missouri River belt.....	2.80	40-55	20-40	500 to 1000
18. The Northwestern region.....	5.21	40-50	30-40	Above 1000
19. Pacific Coast region.....	8.72	45-65	20-60	100 to 2000
20. Region of Western plains.....	3.92	45-65	10-20	1500 to 5000
21. The Cordilleran region.....	3.04	50-60	10-20	4000 to 10,000

Turning to the statistics of diabetes (glycosuria), we find that it agrees very nearly with that of Bright's disease.

The States where it is most prevalent are:

Vermont (percentage to 1000),	6.36
Maine,	4.41
Connecticut,	3.37
Ohio,	3.23
New York,	2.20
Illinois,	2.11
Indiana,	2.72
Iowa,	2.42
Michigan,	2.68
Wisconsin,	2.81
Massachusetts,	1.96
California,	1.99

The States in which the disease is least prevalent are Alabama, Arkansas, Georgia, Kansas, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Nebraska, New Jersey, North and South Carolina, Pennsylvania, Texas, and Virginia. In these States the death-rate ranges from about .60 in Alabama, Arkansas, Minnesota, and Tennessee, to an average of 1.50 in the other States.

The regional geography of Bright's disease and rheumatism is very similar to that of diabetes. In other words, the mortality increases as we go from the Gulf and Southern Atlantic States to the Northern and Middle States, the region of the North Atlantic Coast, and shores of the Great Lakes, and the North Pacific States.

Different parts of each State are not equally causative of rheumatism or Bright's disease. I call your attention to the difference between Virginia and West Virginia. The same difference is probably found in those States which are partly flat and partly mountainous. In the regions of highest altitude heart diseases will be more frequent than on lower ground, especially in the Southern States. Even in the Northern States, I think, the same difference will obtain. There may be some exceptions to this rule, as when the high lands are dry, as in the mountains of North Carolina, Georgia, New Mexico, and Arizona.

The geography of functional diseases of the heart, whether arising from some irritation or lesion of the cardiac nerve-centres in the brain and spinal cord, in the nerves of the heart itself, or reflexes from irritation of other and remote organs, cannot be given with much accuracy. I can only suggest that all functional affections, local or reflex, to which the heart is subject, are more common in large towns and cities than in the country and rural villages. This is due to the excitement and competition in all kinds of business, and the rush and worry of the intense social life; to which may be added the prevalence of dyspepsia, hepatic disorders, and affections of the female reproductive organs. I believe it can be substantiated that these functional disorders are more common in Northern than in Southern cities; and oftener found in the cities of high altitudes than in those on the plains.

In my studies of English and Continental authors, I find that the cold, humid and high altitudes in those countries are considered to be the chief habitat of inflammatory diseases of the heart. I cannot find any definite information as to the localities where functional disorders most prevail, but I see no reason why the chief cities of England and the north of Europe should not be as much a

source of these disorders as in the United States. As for the geography of heart disease in Asia, Africa, Australia, and South America, no statistics are obtainable by me, but I believe the same laws prevail in those countries as in North America. In a paper of this scope, I am not supposed to give any practical deductions which would apply to the treatment of cardiac disorders. Nor is it really necessary, for the inference is plain; that as an aid to treatment, the sufferer from cardiac diseases should seek those regions and climates in which Bright's disease and rheumatism are least prevalent.

A review of these investigations substantiates the following conclusions :

1. That the chief features of climate in the United States which most strongly tend to increase the death-rate from inflammatory, acute and chronic, heart disease, are cold, moisture, and changeability of temperature.

2. That the elements of climate which tend in the greatest degree to decrease the death-rate from such diseases are warmth, dryness, and equability.

3. That cold most markedly increases the mortality from heart disease when associated with moisture, a comparatively low temperature being well borne if the atmosphere is a dry one.

4. That a comparatively high degree of humidity of the atmosphere does not markedly increase the mortality from heart disease if accompanied by warmth and equability.

5. That the most unfavorable residence localities for patients afflicted with heart disease in the United States are comprised within the Atlantic Coast region and Northeastern hills, which include the States of New Jersey, New York, Connecticut, Massachusetts, New Hampshire, and Vermont; also those regions of high altitude which comprise the States of Colorado, California, and Oregon.

6. That the most favorable residence localities are chiefly within the Southern interior, and especially includes the States of Tennessee, Georgia, North Carolina, Arkansas, Texas, Florida, Arizona, and New Mexico.

7. Finally, a practical lesson may be learned from these investigations as follows: That, since climate so decidedly influences the mortality from heart disease, those who are afflicted with the disease or possess strong hereditary or other tendencies thereto should wear such garments as most directly tend to neutralize the evil influences of climate over the disease, viz., those combining the minimum

power of radiation of body heat with the highest hygroscopic properties; and since *wool* possesses these qualities to a degree unapproached by any other textile, all-wool garments should be worn next the skin throughout the year.

Another deduction relating to functional disorders of the heart may be stated as follows: In view of the fact that these disorders are more frequent in large towns and cities, especially in high altitudes and latitudes, it behooves physicians to order such patients whose disorders are not relieved by medicine or hygiene, to remove to the country or small villages in those regions which possess a warm equitable climate, in warm valleys and plains of low altitude. As for those diseases which are universal, namely, *la grippe*, scarlet fever, typhoid fever, and certain specific maladies, they have no geography. We can only say that they are more prevalent in large cities along lines of travel.

In this we may also include cases of heart-strain from undue exertion; the abuse of alcohol, and the excessive use of coffee, tea, and such drugs as quinine and the so-called antipyretics.

VERTIGO IN CONNECTION WITH OCULAR AND AURAL DISEASE.

BY C. M. THOMAS, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the County of Philadelphia,
January 11, 1894.)

A GENTLEMAN in otherwise good health developed a gradually increasing feeling of contraction and dull pain in the right side of the head, to which was added attacks of vertigo, followed on one occasion by nausea and vomiting. His physician, after treating him symptomatically for a number of weeks, suspected a cerebral lesion, and called on me for an opinion. Examination resulted entirely negatively, until the ears were inspected, when it was found that a dark mass of foreign material occupied the lower end of the external auditory canal. The patient stated that he had for years had accumulations of wax in that ear, which he was accustomed to wipe out with a little piece of muslin on the end of a hairpin, and that the hearing on that side had been impaired somewhat, without, however, causing him great annoyance. The mass, on removal, was found to consist of inspissated cerumen and epithelium, in which was im-

bedded a small piece of rag; the accumulation lay against and depressed the membrana tympani.

The clearing out of the canal and the inflation of the tympanum resulted in complete relief of all symptoms.

A lady, on getting about from the "grippe," found herself unable to walk without help on account of an aggravated and almost constant dizziness, worse after eating. Noticing that her hearing was not perfect, I suggested that perhaps the trouble might lie in the ears, but was assured that the slight deafness had existed for years, and that her present hearing power was but little worse than it had frequently been before.

Inspection of the drum-heads showed, however, a marked flattening or convexity of the left, with dulness and absence of details.

Suspecting an intra-tympanic effusion, a puncture was made and several drops of a clear mucilaginous fluid evacuated. With the subsidence of the discharge, the vertigo disappeared.

A gentleman, suffering from ataxia, on awakening one morning, found that he was unable to leave his bed on account of excessive vertigo and nausea whenever he tried to assume the upright position. In fact, on looking about him from side to side, while lying, the objects about the room seemed to swim and dance before him. Under the idea that he was suffering from a congestion of the brain, this man was kept confined to his bed, with the room darkened, for a day and a half. The real cause of his vertigo proved to be a paralysis of an external rectus oculi, and the covering of the affected eye with a patch enabled the patient to immediately rise and go about his affairs.

I think that all will agree with me that vertigo is a symptom of no infrequent occurrence in practice, and as commonly attributed by the busy practitioner to a disordered stomach or a torpid liver. While other sources of this annoying symptom may be known to him, and perhaps in a vague way "a brain trouble" be thought of, an ocular or aural lesion is very apt to be overlooked. My object in offering you this crude paper is not to bring forward any new or striking truth, but simply to recall to you the fact that in a large proportion of cases the symptom *vertigo* will be found dependent upon some aural or ocular disturbance.

While there is still doubt as to the location of the so-called vertigenous centre, it seems now fairly certain that the sensation of vertigo is due to direct or indirect disturbance within the semi-circular

canals of the labyrinth, although that there is some other part of the nervous apparatus participating in the government of equilibrium is most probable. Indeed, many facts justify the supposition that the middle lobe of the cerebellum plays an important rôle in the control of equilibrium.

The exact manner in which vertigo is produced is, however, still so problematical that I shall not occupy your time in its theoretical consideration, but devote the few minutes before me to a very brief notice of the aural and ocular conditions which may develop the symptom.

I think it has been conclusively shown by careful investigators that by far the largest proportion of vertigoes are dependent upon some more or less pronounced disturbance in the hearing apparatus, and that very many cases, even of what appear on superficial observation to be gastric in origin, can be traced to the ear as a cause.

It would appear that almost any affection of the ear is capable of producing vertigo. Anything that influences unfavorably the labyrinthine circulation may cause it.

The fact is also to be borne in mind that in very many instances a disturbance in the function of the eye or ear is not a constant or necessary accompaniment of the vertigo.

Many persons so affected are often entirely unaware of any defect in hearing or sight, although, to be sure, usually a careful examination will reveal its presence to greater or less degree.

A primary disease of the labyrinth is perhaps the most frequent source of violent giddiness, the so-called *Mènière's* disease affording us the type of this class. The patient previously well, is seized suddenly with intense vertigo, usually accompanied by noise in the head, and often by nausea, vomiting, and cold sweat. In some attacks consciousness may be lost for a time, and in cases where the seat of the lesion is purely labyrinthian, the hearing power is commonly entirely abolished or permanently impaired. Here the accompanying defect in hearing, and the impaired bone conduction of sound, locate the change without difficulty in the internal ear, and the prognosis must be unfavorable, as we know that the *ensemble* of symptoms is due to an exudation or extravasation of blood within the semicircular canals. Modern investigation, however, has shown that a similar array of symptoms and of less serious import may be set up, by an indirect pressure upon or irritation of the labyrinthine nerves, through changes within the tympanic cavity, or even so far removed as the external auditory canal. Thus an inflammation of

the drum, may result in such a serous exudation within its cavity as to cause by its pressure through the oval window a tension of the perilymph sufficient to bring about symptoms closely allied to those of Ménière's disease, but in which the deafness may be trifling and transient.

I may add, also, that the inflammatory process may at times be of so low a grade as to have caused but little disturbance to the patient beyond the dizziness for which he consults us. Or again, a similar disturbing pressure in the semicircular canals may be exerted through the chain of ossicles, by a retraction of the drum-head, the result of partial or complete closure of the Eustachian tube, and the consequent rarefaction of the intra-tympanic air.

Just such a case only to-day came almost staggering into my office, and was promptly relieved by inflation of the tympanum; and singularly enough, another dizzy case followed close upon this, where the retraction of the membrane was apparently the result of a spasmodic action of the tensor tympani, caused by the irritation of a bristly hair which had fallen against the membrane from the barber's shears.

The case related at the opening of the paper furnishes another instance of the action of a foreign body lying against the drum-head, in the production of vertigo, and they might be multiplied many times.

We are all of us familiar with the dizziness, nausea, and faintness which is so apt to be set up by rough syringing of the ear, or the use of cold water for this purpose.

Ocular vertigo is much less frequently met with, in a marked type, than the aural, and will be found to be due either to a disturbance in the balance of the external muscles of the eyeball, or to an aggravated error of refraction, particularly a pronounced astigmatism. The vertigo is usually not so intense as the aural varieties, although in refractive errors it may be very persistent.

While there are generally other symptoms present which should direct our attention to the eye as a cause, cases occasionally present themselves in which a failure to note the ocular source of the vertigo has subjected the patient to prolonged and resultless treatment.

So frequently, then, are these organs of special sense the seat of the disturbance in equilibrium, that I would venture to put the question, as to whether it would not be a wise rule in the management of cases in which vertigo is complained of, to make the investigation of the eye and ear a *routine* part of our examination.

THE VASO-MOTORS, AND SOME OF THEIR DISEASES.

BY WESTON D. BAYLEY, M.D., PHILADELPHIA.

EMERGING with the anterior nerve roots of the spinal cord are certain fine fibres which pass to the ganglia of the sympathetic, and are thence distributed to ganglia in the middle coat of all arterioles. These fibres are functionally and anatomically of two kinds—the vaso-constrictors and the vaso-dilators. The former leave mostly with the dorsal nerves; they are medullated until they reach the sympathetic when they lose their sheath. The latter (vaso-dilators) emerge mostly in the cervico-cranial and sacral regions and retain their medullary sheath throughout.

These fibres are not only connected with ganglia and cells (probably the columns of Clark) in the spinal cord, but there is a centre for automatic control in the medulla, and also cortical centres which influence the medullary mechanism. Thus an alteration in the calibre of bloodvessels may be through cerebral, medullary, spinal, sympathetic or terminal nerve control. And it is to be inferred that diseased conditions in any of these situations have vaso-motor effects.

In the usual and normal action, a tonus is imparted to the vascular wall which moderately opposes the dilating force of its contained blood.

The *contraction* of an arteriole involves the action of only one of these two nerve mechanisms, the vaso-constrictors; but the *dilatation* may include either or both of two—that is, there may be a passive dilatation due to the relaxative influence of the vaso-constrictors, or there may be an active dilatation due to the operation of the vaso-dilator nerves which act by inhibiting the normal continued stimulus which imparts to a vessel its tonic and contraction.

Vaso-constrictor impulses are continuous, being called forth to balance internal blood-pressure; while vaso-dilator influences are only occasionally called for, they being usually inactive.

Impulses travel along these fibres from centre to periphery; but there are also nerves which pass from the surface inwards, entering the posterior nerve roots, conveying sensory impulses which can originate vaso-motor responses thus forming a true vaso-motor reflex. The ordinary sensory nerves can also excite a reflex of this character.

Vaso-motor affections, being largely symptomatic, cannot be com-

pletely divorced from other associated conditions. These nerves are intimately associated in their functions with secretory and trophic nerves; therefore, there may be accompanying alterations in glandular secretion, and changes in the nutrition of a part. Again, in the central nervous system, being in such close proximity to nervous tissue of other function, and running in mixed nerve trunks after emerging from the cord, they are liable to suffer with other cells and fibres.

Responding continually to sensory nerves, these vaso-motor centres are an all-important regulatory mechanism for the diffusion of heat, and the maintenance of nutrition.

From the structure and function of these nerves, it is easily inferred that they are affected by many different conditions affecting many various parts. Affections of vascular motility are to be noted in diseases of the cerebrum—as in hysteria and hemiplegia. Meynert believes that general paresis is preceded and caused by a functional vaso-motor disorder; and the earlier symptoms of this affection often makes his theory very plausible. The pallor and blushing which may accompany mental emotion are vaso-motor reflexes. Lesions in the medulla cause polyuria and diabetes; disease of the sympathetic will also cause a glycosuria, as also will affections of the nerve in any part of its course from the fourth ventricle to the periphery. Mental excitement, trauma, neuralgia, etc., may affect the liver in a reflex way and cause it. Disease cutting off the vasomotor nerves in the spinal cord, or affecting the nerve roots results in neuro-vascular symptoms. Or the sympathetic ganglia connected with the affected part, as occurs in migraine. Or of peripheral branches of the nerve, as in some skin affections and traumatic erythema. Again the influence may be entirely reflex, dependent upon some distant source of irritation apparently unassociated with the part involved, as when urticaria is caused by gastro-intestinal irritation.

The heart is influenced by vaso-motor conditions—thus when a large vascular area is paralyzed, the blood channels are dilated, diminishing the intra-cardiac pressure and the heart contractions become small and feeble; on the contrary, stimulation of a large vaso-motor area, raises blood pressure considerably.

The effect on the kidneys is shown by polyuria, and even by albuminuria and blood. Diabetes has already been referred to. Again there can be a suppression of urine because of a general fall of blood pressure by a paralysis of large vascular areas.

The rapid heart-beat, swollen thyroid and projected eyeballs of exophthalmic goitre can be produced by damaging the sympathetic and permitting vaso-motor perversion.

There is probably a neurotic basis to those sudden hyperæmias with effusion in some thoracic or abdominal organ, which is occasionally noted. It is certainly the explanation of pyrosis.

Hemicrania or migraine is due to an affection of the cervical sympathetic which may be organic, functional or reflex. There may be a unilateral spasm of the branches of the carotid with paleness and coolness of the affected sides, or the opposite condition (paralysis) with a reversal of its effects.

Digiti mortui, or the dead finger disease is a condition wherein the upper and sometimes the lower extremities are cold and pallid, sometimes with a cold sweat. This condition may intermit or be more or less continuous.

Erythro-melalgia is a name given by Weir Mitchell to an affection of the soles of the feet, in which blotches of redness or pallor are observed, associated with heat and burning.

Raynaud's disease is a condition of the feet wherein they are painful, pallid, cold, anaesthetic and associated with gangrenous toes.

Neuro-anginose œdema affects the skin or the mucous membrane of the larynx or pharynx. The skin swelling comes and goes, is large, red or pale, and associated with paræsthesiæ.

Many skin affections are neurotic in character—diffuse or local redness or pallor, gangrene, erythema, erythema nodosum (in which there is a serous effusion under the skin).

Roscola is probably a nervous affection, reflex from gastro-intestinal irritation. As is also urticaria with its white or red blotches coming and disappearing in a capricious manner and due to deranged stomach, bowels, pulmonary or urinary organs.

Local sweatings occur in neuroses and in organic disease of the nervous system.

Drugs affect these nerves—ergot, tannic acid, and strychnia are vaso-motor excitors. Chloral, morphia, veratrin, nicotin, physostigma and alcohol excite primarily and secondarily depress. Amyl nit., glonoin, atropin and agaricin are paralyzers. Carbonic acid strongly excites the medullary centre, so that the arteries contract; the venous system and the heart are distended, and the velocity of the blood is increased. Anæmia from loss of blood causes a contraction of the small arteries, thus being an automatic safeguard in hæmorrhage.

The allopathic treatment of these conditions is meagre and uncertain as is the case in all nervous diseases, excepting those of syphilitic origin. Electrically they galvanize and faradize the sympathetic—but without any clear cut reason, or so far as my experience is concerned, results. We can do much better as a rule, as many of our remedies are capable of positive vaso-motor effect. I will only refer to the treatment of migraine, of which I am certain I have cured a number of cases. In this condition it is essential first to search for reflex causes. The eyes must be examined. Dr. Shallcross cured a case for me by the adjustment of proper glasses; this was a lady who for years regularly spent every Sunday in bed with an attack of sick headache. Another case in a dressmaker, was cured after the failure of medicine in my hands, by the Hall method. But many have been cured by medicine alone and regulation of diet. We do not need phenacetine or antikamnia for the trouble. For the attacks iris or chionanthus given in material doses are the best remedies. I do not think I can differentiate, excepting that I give one where the other fails. Sepia, stannum, sanguinaria and arsenic in the higher potencies, I would depend on to cure the cases. The effects which I have seen from sepia 30, have dispelled much of the skepticism which I entertained against the higher preparations.

A CASE OF GANGRENOUS STOMATITIS.

LANDRETH W. THOMPSON, M.D., PHILADELPHIA.

TINIE M. came to the Children's Homœopathic Hospital on the 18th of August, 1893, in a deplorable condition. Though nine years of age, she was small and weak, had never walked, could simply stand on her feet for a few minutes at a time. Her manner of talking was imperfect, and her intelligence of a comparatively low degree. From lack of exercise and from an extremely capricious appetite, she was weak and ill-nourished; and had not the foundation to maintain reasonable health.

About a month before I saw her a small lump appeared deep in the tissues of the cheek, at the root (it was supposed) of the left eye-tooth. It amounted to nothing; gave no trouble nor pain; and finally diminished in size. Three days before I saw her a red spot appeared on the cheek in the vicinity of this lump. The redness

rapidly increased in size, becoming dark and angry-looking, and in two days became black. A stinking, watery, excoriating discharge came from the left nostril, burning the lips and almost nauseating all the attendants with its stench. The area of blackness was then the size of a nickel, of a soft mushy feel, and had around it a moderately inflamed area, which was cedematous and boggy to the touch. No glandular involvement was present. She had also a sharp, harsh, croup-like cough. It was late in the afternoon when she was admitted to the hospital, and our efforts were directed immediately to feeding and stimulation. She was given milk, bovine and whiskey every hour.

The next morning early she was anæsthetized, and all the blackened surface, now the size of a silver dollar, was cut out, together with the ashen-gray, sloughy masses below and around it. The entire thickness of the cheek was thus removed. The edges were irregularly undermined in all directions; especially would the finger easily go backward nearly to the ear. There was, however, no opening through the mucous membrane of the mouth, which was tightly adherent in its normal position above the teeth. An opening led into the left nasal cavity, large enough to admit a finger tip; the cartilages and mucous membrane being entirely eaten away. It was through this opening the stinking discharge found its way, running in part down upon her lip and also into her throat. The maxillary bone had a softened, carious feel, and was entirely denuded of periosteum. A small button was removed over the antrum, but no evidence of disease was found there. None of the teeth were involved in the disease. The entire raw surface was thickly covered with pure bromine and full iodoform dressings were applied. She suffered greatly from shock, though the work was done as quickly as possible. Afterward she apparently had but little pain, and there was no pus present at any time. Her temperature was not over 102.6° at any time, but ranged somewhat lower than that.

The following day the bromine application was repeated and several times thereafter. About the sixth day pure carbolic acid was substituted. Despite these remedies the sloughing process continued to spread, especially over the nose and into the orbit. Of the nose there was but little left save the bones and the skin only of the right side. The upper lip was a mere shred of mucous membrane. The lower eyelid had only the cartilage remaining with a thin line of skin and attached cilia. The lower surface of the eyeball was denuded, and the finger could be pushed away back into the socket.

The gangrene had also extended some distance above the nose under the skin of the forehead. A large abscess developed on the right side of the head above the ear. This contained thin, watery, stinking pus; but was at quite a distance from the original sore, and quite out of the line of lymph vessels. For one or two days there was a bloody diarrhœa, with tenesmus. It then became necessary to relax our efforts at forced nutrition to a degree, but the most nourishing food was given as often as possible.

The internal remedies used were arsenicum, carbo veg., kali bi., merc. cor., and hamamelis. None of these seemed in any way to affect the steady progress of the case. Locally the bromine bronzed over the tissues, it greatly aggravated the cough, but did not seem to show any sign of cleansing the tissue. The carbolic acid stopped the sloughing in such parts as it could thoroughly reach. In spite of all, the progress of the case was continuous from bad enough to the very worst; and she died on August 29th, the fourteenth day of the disease.

The accompanying photograph shows the superficial extent of the process—the bottom of the wound is the bare maxilla and nasal bones; the skin on the nose and above it was loose and undermined; as was that toward the ear, for the finger easily went in this direction for quite a distance, lifting all the tissue off the bone.

What the disease really was becomes a most interesting question, and involves a class whose differentiation (if differences exist) is not the most easy. We may think of anthrax (malignant pustule), carbuncle, glanders, actinomycosis, diabetic gangrene, acute phlegmon, lupus, ulcerative stomatitis, gangrenous stomatitis (noma, cancrum oris, cancer aquaticus).

Lupus, even in its most rapid form, is a slowly destructive disease compared with my case. It also is a tubercular mass, with separate points of ulceration, and its great destruction follows this stage remotely.

The presence of glycosuria was negatived by the urinary analysis made preliminary to the anæsthesia. Besides this the slough of diabetic gangrene is a yellowish color, not ashen-gray and black as was found here. The disease is more prone to select the extremities or pressure-points than the face.

An acute phlegmon is associated with high temperature, pain and pus; neither of which was present in any degree (absolutely no pus in the part).

Actinomycosis is a new growth of granular tissue not associated with any rise of temperature.



A Case of Gangrenous Stomatitis.

Glanders seems to require close contact with the diseased animal or with a person who has himself been inoculated direct from the animal. The most careful inquiry failed to find any one at all associated with the child who had the slightest work to do with animals or their immediate products—and no one afflicted similarly to her was ever known by the mother. Moreover, the sore was single, and therefore, in no wise resembles the multiple foci of acute glanders; nor was there any lymphangitis, as in the more chronic farcy.

The two remaining conditions, then, are malignant pustule (true anthrax, carbuncle, charbon, woolsorter's disease) and noma, variously called ulcerative stomatitis, gangrenous stomatitis, cancrum oris, cancer aquaticus, etc.

Just here let me quote from Senn's *Principles of Surgery*, so as to make clear our ideas of the anthrax. He says: "Malignant carbuncle or malignant pustule is the anthracic form of carbuncle, which always arises from a single centre of infection, and is always attended with necrosis of the overlying skin. The ordinary carbuncle is caused by infection with pus microbes, and differs from a furuncle only in so far that it is made up of a number of foci of suppuration, which develop simultaneously or in rapid succession and usually become confluent. A carbuncle of this kind is in reality nothing else, etiologically and pathologically, but a group of furuncles."

Malignant pustule has a history (sometimes unobtainable) of the possibility of infection from a diseased animal or person; and is a rare disease, scarcely ever occurring outside of those who have to do with animals and hides, or wool and hair. I could elicit no such possibility in the case. The mother worked at housework, and scarcely another person had anything to do with the child. She had measles last spring, and noma is usually preceded, even remotely, by scarlet fever or measles.

The period of incubation of anthrax varies from one to three days, rarely ten days (*American Text-Book of Surgery*). Noma has none laid down. If the lump found one month before the outbreak of the disease was at all connected therewith, it could scarcely have been filled with living anthrax bacilli or spores, for their virulence would not have lain dormant so long.

Senn says: "The almost constant occurrence of the disease in a distinct part of the cheek and its limitation to one side of the face would indicate that it might be the result of some nervous disturbance. It is, however, more probable that it is a form of mycotic

necrosis." Lingard found, in the tissues, a long bacillus, which he believed to be the cause of the disease. Ranke's investigations led to the following conclusions: "Different forms of gangrene resulting from noma can unquestionably occur spontaneously in children who have a tendency to disease of this character—that is without infection from contact. The frequent occurrence of noma in public institutions, and the apparent preference of the disease for localization upon the mucous membranes of the different openings of the body, suggest that the origin of it may be referred to the invasion from without of micro-organisms. In the zone of tissue contiguous to that which has undergone necrosis may be found cocci, which in number appear like a pure culture." But up to the present the specific nature of these cocci has not been demonstrated.

Both diseases are marked by the utter prostration of the general vital system, which was so prominent in this case; but noma belongs especially to children from 2 to 12 years, weak, ill-nourished (and, you remember, she at times refused to eat for days in health), who live in-doors, in dark, damp apartments, and who have recently suffered an eruptive disease.

Surgical anthrax occurs chiefly on the exposed portions of the body, and Senn says, "An intact skin furnishes ample protection against infection with bacillus or spores, but the slightest abrasion may become the necessary infection-atrium for either method of infection. Infection may occur through a healthy mucous membrane." Our case gives no history of abrasion of the cheek, but the appearance of the sore led me at once to think the disease had begun in the mucous membrane of the nose; basing my thought on the early and complete erosion of the cartilage, and the accompanying discharge of fluid through the nostril.

On the other hand, noma is most frequently found near where skin and mucous membrane unite. Some authors, even, hold that noma cannot start in other than the gums or labia, but give no reason for that, nor against its occurring in the nasal mucous membrane, nor in the general tissues of the body. Ulcerative stomatitis is sometimes confounded with noma. This always starts from the alveolar margin (according to Bohn), and, after the general redness of the buccal cavity, it is characterized by swollen, ulcerated, dusky-red gums, covered with a grayish pultaceous material, consisting of epithelial debris and altered secretions, admixed with pus and blood, and containing countless bacilli. The mucous membrane of the cheek opposite the ulcerated gums usually presents a whitish, oval

patch of epithelium, or an ulcer left by the detachment of the morbid tissue, and this lesion may become continuous with that of the gums by meeting it near the last molar tooth. This ulceration is not associated with inflammatory induration of the contiguous tissues. Thus, Wm. Anderson describes a disease which is perfectly amenable to treatment, but which occurs in the debilitated or ill-fed children and adults.

Gangrenous stomatitis (*cancerum oris*), which is one of the forms of noma, is held by Bohn to be a result of ulcerative stomatitis, but, he says, may occur independently. Stephen Paget says, *cancerum oris* is something more than stomatitis. Holmes, in his *System of Surgery*, advises keeping up the distinction of name between *cancerum oris* and noma pudenda; but the anatomical process is the same in the two. It is noma whether in the cheek or vulva.

Billroth says: "In noma, a gangrenous nodule forms in the middle of the cheek or lip." Mansell Moullin thus describes the lesion in the cheek: "Sometimes it begins on the mucous surface, a sloughing ulcer forming near the orifice of Steno's duct, more often in the substance of the cheek itself. In either case, the first external sign is an ill-defined but exceedingly hard patch, usually in the centre. The skin over it is dusky, glazed, and cedematous; the mucous membrane may be raised and livid, or already covered with an ashy-gray slough; there is little or no pain, unless it be roughly handled; the child scarcely pays any attention to it. Then a bulla arises in the middle, bursts and leaves a patch of black gangrene, which steadily increases in size, is preceded by a narrow, dusky rim until the whole cheek is a coal-black slough, the lips destroyed, the side of the nose eaten away, and the jaws beneath exposed without even a covering of periosteum. The destruction on the inner side of the cheek is even wider than that on the outer. I have seen it develop on the second side while the first was still in progress, until the whole face was involved, with the exception of the nose and a small median portion of the lips." Senn tells us, "The disease is not limited to the soft tissues but attacks the maxillary bones, often causing extensive necrosis and loss of teeth." Coats, in his *Pathology*, tells us, "it may extend even to the ear and eyelids, and there may be necrosis of the jaws."

The anthrax lesion differs, in that it begins as a vesicle and "is surrounded by a ring of dark or livid blebs" (Ziegler), which persist and gradually fall into the widening area of necrosis. The centre is umbilicated as "an early depressed eschar" (*American Text-*

Book of Surgery). The color of this eschar is rather a dingy purple or brownish than the black of noma. It is also accompanied by some lymphatic enlargement and a very considerable brawny œdematous swelling. "The destruction of tissue extends from the surface to the deeper parts" (Holmes), not necessarily involving the whole thickness.

The prognosis is invariably a fatal issue. Tanpin, of Paris, lost all of his thirty-six cases; Rilliet lost twenty out of twenty-one, West, eight out of ten.

Death has been thought due to inhaling the noxious vapors from the diseased part, or from swallowing the offensive fluids from the lesion, or metastasis to some internal organ, especially the lungs or intestines. In all cases there are the signs of an intense sepsis. In the cases that have recovered, large gaps have required extensive plastic operations to obviate the hideous deformity that has existed.

SYPHILITIC NEURASTHENIA.—Prof. Fournier, of Paris, finds the diagnosis difficult. It is to be differentiated from neurasthenic pseudo tabes-dorsalis, general paralysis and cerebral tumors.

In neurasthenic pseudo-tabes there is a luxuriancy of symptoms which does not exist in true tabes. The whole nervous system seems to be in commotion. Three characteristic symptoms are absent: the patellar reflex is normal or exaggerated, the pupils are normal, no myosis or pupillary inequality; the bladder functionates well while in tabes the patellar reflex is first affected.

It is diagnosed from cerebral tumor by the richness of subjective and the absence of objective symptoms. There are not the pupillary modifications of general paralysis, no trembling except under the influence of a violent emotion and then only for a short time. No actual amnesia though the neurasthenic complains of losing his memory, at times. There is depression of intelligence, no delirium nor above all disturbances of speech nor doubt in the selection of a word. The neurasthenic is very voluble but does not hesitate or become confused. The paralytic on the contrary stutters and hesitates in his speech, without noticing it. The hypochondriac delirium of neurasthenics is logical and sensible, he thinks himself suffering from a heart, spinal or gastric affection, the paralytic thinks himself gangrenous or putrified. With cerebral tumors there are real symptoms: ocular paralysis, hemiplegia, amaurosis, aphasia and epileptic convulsions and coma. In syphilitic neurasthenia there is an absence of material symptoms and a large number of undefined phenomena. Those forms with a single predominant and localized symptom offer a less unfavorable prognosis than those with vague and ill-defined symptoms. There is syphilophobia or syphilomania. It lasts for a long time and a cure requires from months to years. Those in the second period are soon cured while those in the second or third year of the disease are desperately obstinate. Mercury and the iodide of potash are not only inefficacious but harmful. Treat him as an ordinary neurasthenic. Syphilis is a very frequent cause of neurasthenia and the nervous system is more deeply and often affected than the skin. The ordinary causes of neurasthenia as traumatism, overwork, poisoning, excesses, reverses of fortune, preceding diseases, etc., are not found in the syphilitic form. Syphilis has all the requisites for producing neurasthenia; it is an infectious disease, debilitating, produces anemia, depresses the mind and acts especially on the nervous system.—*Revista de Ciencias Medicas de Barcelona*, No. 19, 1893.

EDITORIAL.

THE "SPECIALIST" EVIL.

WITH the extension of medical research into kindred and collateral fields of science, so wonderfully developed during the last twenty or thirty years, arose naturally the necessity for specialists. The utter impossibility for any one to keep himself conversant with more than the mere outline of these researches rendered the necessity for their subdivision, for purposes of more thorough acquaintance and more skillful application so apparent that the dangers attending it were not at first recognized; nor were they, indeed, as great as at the present time. The specialists of the earlier days were members of the general profession, were general practitioners, so called, who, either from individual predilection or from circumstances over which they had but little control, were led to devote special attention to some particular branch of study which, by their labors, they gradually elevated to the rank of a recognized specialty.

It has become too much the fashion now-a-days, however, for the graduating student to have selected his specialty before he has received his diploma, and, in many cases, to have devoted particular attention, even during his student course, to those subjects which, in his opinion, bore particularly upon his chosen specialty.

The inevitable mental asymmetry sure to result, with its disastrous consequences, to patients, doctor, and science, has been fully recognized by the conservative members of the profession, and has frequently called forth notes of warning from them.

In no specialty has this tendency to one-sidedness become more apparent than in gynæcology, where, unfortunately, it has received undue encouragement from the successes attending antiseptic surgery, and "the trend of the profession is to appeal to the knife as the great panacea for woman's diseases." In our own school, by a sort of rebound from the ultra-conservative principles of an earlier day, the same tendency is discoverable. Never has a bolder note been sounded against this error than in a late paper by Wm. Goodell, M.D., on "The Great Medical Error of the Day," a few quotations from which will furnish rich food for thought.

"Uterine symptoms are by no means always present in cases of uterine disease, and, what is often more bewildering, when so-called

uterine symptoms are there present they need not necessarily come from the uterine disease."

"The time has come when we must give up the belief, which with many amounts to a creed, that woman is woman because she has a womb and that the womb is at the bottom of nearly every female ailment."

"The most common symptoms of nerve strain or nerve exhaustion in woman are the very ones which lay tradition and dogmatic empiricism attribute to ailments of the womb, . . . and they may not come from some real, tangible and visible uterine lesion which positively exists."

"In my experience the mistake usually made in these cases (of laceration) is that of attributing to the lacerations the mock uterine symptoms of nerve prostration. About this there can be no error, for I have over and over again, without any surgical operation whatever, cured of all their ailments patients who had been sent to me for the very purpose of undergoing some operation in the womb, or the perinæum, or even in the ovaries themselves."

"The physician of the present day is too apt to jump from any distinctly female ache to an ovarian conclusion without the delay of any misgivings. The riper my experience the more am I convinced that in the treatment of women's diseases the possibility of a nerve origin or a nerve complication should be the *fore*-thought and not the *hind*-thought of the physician."

These be brave words and worthy of soberest consideration.

THE subject of specialties brings up to our mind the question whether the medical colleges of this country have done wisely in enriching and enlarging the curriculum of studies to the extent that they have done, without, at the same time and in a commensurate degree, lengthening the term of study. It is true the four years' course is, or will be at the end of the present year, obligatory in most of the reputable colleges, but the enlarged curriculum has been in existence for several years, and it is questionable whether even four years is sufficient for the work as at present mapped out. Do we not expect from the untrained, inexperienced mind of the student something which we acknowledge to be almost impossible for the practitioner already rich in experience and trained to the acquisition of knowledge?

In our opinion the instruction in specialties should, during the undergraduate course, be in the nature of a succinct survey of the field—the methods and manner of observation—and the principles to guide in further research. Any further instruction or more advanced study should be reserved for a post-graduate course, either immediately after graduation or, better still, after a number of years of general practice. By that time any natural preference will have had time to manifest itself, and some knowledge of the human system as an organic whole, with mutually inter-dependent parts will have been acquired, and devotion to a specialty will then furnish the best conditions for growth in the physician, and for benefit to the public and to science.

At present the natural love for his special branch and the equally natural conviction of its paramount importance, prove too strong an inducement to the lecturer to treat of his subject with a prolixity, and a well-intentioned thoroughness, which can only result in confusion and superficiality.

Non multa, sed multum.

“I shot an arrow into the air,
It fell to earth, I knew not where.”

—LONGFELLOW.

DURING a late trial for conspiracy to obtain sick benefits fraudulently from a Polish Fraternal Union, we clipped the following suggestive bit of testimony from the daily press, and shoot it into the air:

“He cited a statement made by Dr. Rubinsohn to the effect that a warm room and a warm bed would produce in a perfectly well person a slight feverishness that would deceive a physician. The more prominent the physician the greater would he be deceived. ‘Indeed, I would rather have the patient examined,’ added the detective, quoting Dr. Rubinsohn, ‘by a medical college professor than by an inexperienced person.’”

THE time for the Denver Meeting of the American Institute of Homœopathy is drawing near. What are the “Section” members doing? Some have been hard at work for eighteen months, while others have yielded to that weakness of human nature and have deferred beginning their effort till the period of “greater leisure” which seldom comes. There remains just four months for preparatory work. Members in accepting places on Committees and Sections pledge themselves to work. It is time to begin.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D.,

FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

PAINS IN AFFECTIONS OF THE BLOODVESSELS—Prof. Nothnagel, of Vienna, states that there are certain affections of the bloodvessels where distinct pain, from involvement of the vessel-walls, is observed. It is seen in aneurism and is to be differentiated from that due to pressure upon the neighboring nerves. It is constant and localized, for example, near the sternum; and physical examination reveals nothing to account for it. Such a pain should lead one to examine for aneurism. He has confirmed this, in a number of cases. Disease of the vessel-walls may give rise to vague pains, in the back and abdominal organs, while the disease is seated in the abdominal or thoracic aorta. Those cases which die with apoplectic symptoms, after several days of violent headache are of especial interest. The necropsy reveals a thrombosis of one of the cerebral arteries. Here the pain is due to involvement of the wall of the vessel and he has deducted a differential diagnostic gain to distinguish thrombotic softening from cerebral hæmorrhage—apoplexy. The preceding headache, without arterial congestion, points rather to thrombosis, with softening, than to cerebral hæmorrhage. In embolism of an artery, pains often are observed, at the site of the embolus. A form of migraine has been shown to be due to spasm of the cerebral arteries and here originates in the bloodvessels. Similar pains are observed in ischæmia of the extremities where there are crawling sensations, hyperæsthesia and often actual pains, especially, in the forearms, where it seems due to angio-spasm. Paccini's corpuscles have been demonstrated in the adventitia of the bloodvessels and it is probable that their function is sensory.—*Wiener Medizinische Presse*, No. 46, 1893.

HÆMIC AFFECTIONS.—Dr. Max Herz, of Vienna, regards the blood as a fluid tissue. In order to determine the volume and mass of the blood, he employs the following methods: Determination of the quantity of hæmoglobine, according to Fleischl, the centrifuge examination of the mass, the red corpuscles, the specific gravity of the plasma as well as that of the corpuscles. He attempts to trace a parallel between the affections of this fluid tissue and those of other tissues. The following are some of the types found:

Acute Swelling of the Corpuscles.—This condition was made out in a case of typhoid fever, as well as in peritonitis and after hæmorrhages. A restoration to the normal gradually occurs. Chronic swelling of the corpuscles was remarked in chlorosis, where the amount of hæmoglobine was reduced. The quantity of hæmoglobine may be reduced with preservation of the shape and size of the corpuscle or this latter may either swell or shrink. Chronic swelling may be seen after repeated hæmorrhages.

Hypertrophy of the Corpuscles.—This state is rare and was only observed in a pseudo-leucæmic patient.

Atrophy of the Corpuscles.—He observed this state in pernicious anæmia, after loss of blood during two successive labors in the last stages of simple chlorosis and once in essential anæmia. In nephritis there is, contrary to expectation, no enlargement in the size of the corpuscles, in spite of the plasma being of less specific gravity. It is possible that it contains, dissolved, a number of crystalloid substances which prevent their swelling. On the whole, it is not the blood which produces œdema of the tissues but the blood itself becomes œdematous. In cachectic patients, there is a chronic swelling of the corpuscles, from whatever cause the cachexia may be due.—*Virchow's Archiv*, Bd. 133, S. 339.

DISTURBANCES OF VISION IN CEREBRAL SYPHILIS.—Dr. Uhthoff, of Marburg, has examined one hundred cases of syphilis of the brain. Ophthalmoscopically he found a choked disk fourteen times, optic neuritis twelve times, simple atrophic discoloration of the disk fourteen times, other ophthalmoscopic results eight times, and a negative result fifty-two times. Out of these latter there was a series of cases with visual disturbances and anatomic changes. Hemianopsia inferior was observed in a woman formerly syphilitic, while there were no other nervous symptoms. In a syphilitic man with completely rigid and unequal pupils hippus was observed. He is now in the first stage of general paralysis. In an elderly man with syphilis there appeared first right and then left hemianopsia. The necropsy revealed gumous tumors in both thalami optici.—*Wiener Medizinische Wochenschrift*, No. 42, 1893.

A NEW SIGN OF TYPHOID FEVER.—Dr. Filipovitch, in observing a severe epidemic of typhoid fever has remarked a sign which as yet has escaped observation. It consists in a yellowish discoloration and a peculiarly callous appearance, even an orange-colored or saffron-like discoloration of the palms of the hands and the soles of the feet, which parts, in normal and robust adults, are of a reddish color and in cyanosis, bluish. This he explains by a weakness of the heart's action and a consequent incomplete filling of the capillaries of these subjects. He thinks that it might be of service in those cases where the usual pathognomic signs and symptoms are absent. A Russian physician, in an epidemic of the same disease, in a district of Moscow, has been able to confirm the existence of this sign. It rapidly disappears during convalescence.—*Revista Medica de Seville*, Tomo xxi, No. 5, 1893.

TROPACOCAINE.—Dr. Geissel has isolated this alkaloid from the small-leaved coca plant found in Java. It is a benzoyl-pseudo tropein. The hydrochloride is easily soluble in water, and is the salt used in the author's experiments. If a one-per-cent. solution be put into the eye of a frog, complete anæsthesia will be produced in a few seconds, or at most in a minute. The action is just as marked in the eyes of rabbits, varying in intensity and rapidity of action with the degree of concentration. Comparing it with cocaine, Geissel found that weaker solutions of tropacocaine produce anæsthesia; and that if solutions of equal strengths of the two substances were used, the tropacocaine caused anæsthesia much more quickly than did the cocaine, and its effect lasted longer. Mydriasis was observed in some cases, but was not constant. Subcutaneous injection of the solution caused local anæsthesia; the anæsthesia appeared sooner than with cocaine, lasted longer, and spread itself over a great surface. The author has proved, by action on frogs, rabbits, and dogs, that the physiological action of the drug is almost exactly similar to cocaine, with the important difference that tropacocaine is much less poisonous than cocaine. Schweiger has found that a three-per-cent. solution caused about the same grade of anæsthesia as similar solutions of cocaine. It lasts a shorter time, but can be continued by fresh installations of the drug. Sometimes a slight mydriasis was caused. Ischæmia never occurred. A slight hyperæmia sometimes followed its use.—*Therapeutische Monatshefte*.

THE PRODROMIC NEURASTHENIC PERIOD OF GENERAL PARALYSIS.—Dr. Ballet, of Paris, calls attention to the resemblance between ordinary neurasthenia and the prodromic period of general paralysis, with neurasthenic symptoms. It is easily confused with true neurasthenia and will give rise to grave errors in diagnosis and prognosis. It presents, like ordinary neurasthenia, headache, vertigo, temporary dazzling of vision, acute pains, dyspeptic disturbances, hypochondriac pre-occupation, a general feeling of weakness and lassitude, but the symptoms, in their general physiognomy and development, are quite different. In pre-paralytic neurasthenia the stigmata of ordinary neurasthenia are lacking: rachialgia, headache as if a helmet were on the head, spinal irritation, etc. The neuralgic pains occupy a very important place in the symptom picture. They are multiple, essentially mobile and varying from one day to another. The vivid descriptions given by patients, are often surprising. Sudden modifications of the mind are observed. The actual neurasthenic never forgets his diseased state while the neurasthenic paralytic forgets his terrific neuralgic pains during the course of a conversation, which before were the torture of his life, to converse with pleasure and entertainment. Any slight abstraction or therapeutic measure will distract them and while

before they were sad and suffering excessively, after slight treatment they speak with joy of their completed cure. In short their sufferings are seemingly more psychic than somatic. A few symptoms are found, in an embryonic state, of the hypochondria and depressive delirium developing later. This period may extend over a number of years and the true state of affairs only be recognized by the appearance of an epileptic seizure, a pupillary irregularity, internal ophthalmoplegia or the opening symptoms of the characteristic delirium, the hesitating speech, etc.—*La Semaine Medicale*, No. 67, 1893.

NEURASTHENIA.—Prof. G. Ranzier, of Montpellier, France has made a profound study of neurasthenia. He divides the symptoms into principal and accessory.

The principal ones, stigmata, are: headache, vertigo, insomnia, cerebral depression, amyosthenia, rachialgia and gastro-intestinal disturbances. *Headache* is very frequent and variable, with a sensation of heaviness or as if a helmet were covering the head. It is apt to begin on rising and continue during the entire day, ceasing for a time, after eating. It is increased by work and emotions. There may be flashes of dazzling light before the eyes or ringing in the ears, with insecure gait.

The *vertigo* may be slight or so severe as to render the gait uncertain. The patient, at periods, acts automatically and forgets his own personality, etc.

The *insomnia* varies. It is generally the chief symptom. They fall asleep with the greatest difficulty, they are tortured with a painful sensation that they will not fall asleep and are in constant agitation. Finally, there supervenes a deep sleep filled with nightmare and frequent waking.

The cerebral depression plays a chief rôle. The patient's face is sad, pre-occupied and anxious. His memory is faulty, especially with regard to proper names. Of all things his volition is affected. There is indecision, irritability, capriciousness and a modification of character. The accountant can no longer calculate, the preacher finds it difficult to follow the thread of his discourse and the professor of geometry becomes confused, in demonstrating a problem. They occupy themselves with their symptoms into the most minute details and fear imaginary diseases. The muscular strength is reduced though latent.

The *rachialgia* consists of pains in the lower cervical or lumbar regions which are spontaneous or provoked and are the spinal analogues of the headache, "spine lag."

The *gastro-intestinal disturbances* are frequent. There is generally in the stomach a sensation of heaviness some time after a meal, with distension and eructations. As to the intestine there is constipation or possibly diarrhœa. Pseudo-membranous enteritis with emaciation may be present. There may be complete anorexia, with a coated tongue, painfulness after eating with actual gastric crises, resembling those of tabes.

The accessory symptoms are: disturbances of intelligence, disturbed motility, trembling, diminution of the tendinous reflexes, greater impressionability to external sensations, heat, cold, etc. Such patients are: "the neuropathic barometers." The pupils are dilated or unequal, there is often accommodative asthenopia, palpitation of the heart, pseudo angina pectoris, irregular pulse, unstable and, congestive flushes of portions of the skin, spermatorrhœa, an abundance of urates, phosphates and oxalates in the urine. In the treatment he recommends the ordinary hydrotherapeutic measures, sedatives, hygienic regulations, etc. Too much medical treatment may only aggravate. In the prodromal neurasthenia of general paralysis cold douches will certainly do harm.—*La Semaine Medicale*, No. 65, 1893.

SYPHILIS AND THE SPINAL CORD.—Prof. Gerhardt, of Berlin has observed, during the last eight years thirty-nine cases of cerebral and nine cases of spinal syphilis. The nerve substance of the cord is rarely affected, the membranes and vessels being chiefly involved. As to the symptoms he calls attention to the variability of the tendon reflexes, their disappearance and reappearance, the analgesia and Brown-Séquard's semilateral paralysis. In his experience he finds these to be due to a gummatous affection and indeed, solitary gummata. With syphilitic paraplegia the paralysis is generally more pronounced in one extremity than the other. Cerebro-spinal syphilis may simulate different nervous affections as tabes dorsalis, etc. The interval between infection and appearance of the spinal disease may not necessarily be long and it varies between three months and ten to twenty-years. Cerebral syphilis generally precedes the spinal involvement though not always. With syphilitic affection of the central nervous system a single extremity may remain characteristically unaffected. A suddenly appearing paraplegia with

preceding tabic symptoms is characteristic spastic-spinal syphilitic paralysis (Erb). Infection generally precedes, on an average, four years. It is usually benign, the great dangers being from bed sores, cystitis and extension of softening to the medulla oblongata. When the vertebrae are affected, mostly in the cervical region, sudden death may occur from fracture of the odontoid process of the axis. The earlier treatment is instituted the better the prognosis. About one-third of these early treated cases recover. In fifty per cent. of tabes dorsalis syphilitic infection has been found to precede.—*Deutsche Medicinische Wochenschrift*, No. 47, 1893.

PULMONARY ANTHRACOSIS IN POLISHERS OF CARBON.—Prof. E. Lancereaux, of Paris, describes a condition found in polishers of carbon elements, used in electric illumination. It rarely produces death. The workmen generally grind the carbon in small and badly ventilated rooms. He mentions one case coming under his observation where a young and robust man with no history of lung diseases in the family, who, after an attack of acute grippal bronchitis was feverish, expectorated a viscid black sputa. His weight decreased progressively and a cavity was discovered at the base of the left lung. Edema of the lower limbs and increasing weakness led on to death. At the necropsy both lungs were found transformed into black, indurated and carbonaceous blocks which were firmly adherent to the pleura which was firm and resistant. The left lung was retracted and nearly impermeable to the air and filled with small cavities of the size of a prune. On section it presented a smooth and brilliant surface while *in toto* it resembled a piece of carbon. Similar cavities were found in the right lung. They were chiefly empty and lined with a whitish pellicle. No tubercles were to be seen. The bronchi were coated with a brownish mucous membrane and dilated.—*La France Medicale*, No. 47, 1893.

PROGNOSIS OF TUBERCULOSIS.—Dr. Arthaud claims that the prognosis of pulmonary tuberculosis depends on two factors: the emaciation and the extent of the pulmonary lesions.

A normal adult man weighs as many kilograms (2.2 pounds) as his chest measurement exceeds, in centimetres, one metre. For example a man of one metre and seventy centimetres weighs seventy kilograms. Every tuberculous patient who has lost a third of his weight is in danger of death; one who has lost a fourth is still within the danger limit. Hence, one should try to increase the weight by forced feeding. Exploration of the chest will reveal the extent of the pulmonary lesions, though it is not entirely reliable. From his observations he presents the following table which he claims to be exact; one-third of a lung gone gives ninety as a pulse-rate, one-half of a lung involved gives one-hundred as a pulse-rate, three-fourths of a lung gone will yield a pulse-rate of one-hundred and ten and, finally, one whole lung destroyed will give a resultant pulse-rate of one-hundred and twenty. With one lung lost the state of the patient is evidently in a very grave state and he will be saved only with difficulty.—*La Tribune Medicale*, No. 34, 1893.

SUDDEN BLINDNESS IN DIABETES IN YOUTHFUL SUBJECTS.—Dr. Litten, of Berlin, states that in diabetes the eye is especially prone to be affected. In young persons with diabetes where a great deal of sugar is excreted, a double cataract may suddenly appear, with consequent blindness. In youths from fifteen to twenty years the excretion of sugar is more rapid, marasmus sets in early and the prognosis is unfavorable. In these a double cataract is frequently observed. The disturbance of the lens is rapid and the cataract characterized by the presence of steel-gray rays which once seen are never forgotten. In some cases the blindness which is finally total, may appear in a few weeks but the writer observed two cases where the cataract developed with terrific and astonishing rapidity and the patients were totally sightless in a few hours. The prognosis is favorable and as the cataract is soon ripe an operation will greatly relieve.—*Deutsche Medicinische Wochenschrift*, No. 47, 1893.

ARTHRITISM AND THE NERVOUS DIATHESIS.—Dr. M. Sakorrhapos, of Athens, claims that there is a close connection between arthritism and nervous diseases and, in short, that tabes dorsalis and other nervous affections are but terminal states of sclerosis in other organs. Sclerosis of the various organs is identical with sclerosis of the nervous centres. One may say that arthritism forms a tree the branches of which are gout, articular rheumatism, certain forms of hemicrania, cutaneous affections, hysteria, hereditary insanity, etc. There is a frequent coincidence, neuroses with diabetes, gout, arterio-sclerosis, which are but the pathological expression of

arthritis, in full development or evolving along with the nervous affection. The arthritic is a neuropathic, from the beginning of his disease to the end; the severe nervous affections only appearing when grave disturbances of nutrition set in. A child of arthritic parents who is hereditarily entailed is irritated, excited, moved to laughter or tears or anger by causes which would not affect a normal child. They are not regarded as hysteric while there are no actual signs of this disease. Later, when great disturbances appear, those which Bouchard states to depend on a slowing of nutrition, arterio-sclerosis with localizations in the various organs, then its nervous origin becomes clearer and evident for nutrition depends on the nervous system. Hence the nervous symptoms represent the period of decline. He divides arthritism into three great stages.

Period of Dynamic Disturbances.—It is characterized by slight and fugacious clinical states which are devoid of distinct pathological base-local spasms, general convulsions, spasmodic cough, nocturnal incontinence of urine, slight psychical disturbances, etc.

Period of Great Disturbances of Nutrition.—This stage includes all the diseases described by Prof. Bouchard, under the name of slowed nutrition, arteric-sclerosis being the most severe.

Period of Individual Degeneration.—It is in this stage that purely nervous diseases develop hysteria, epilepsy, dementia and other psychoses. The progress of arthritism is slow and gradual and, after a long series of years, it passes into the so-called nervous diathesis. As the life of one individual sometimes does not suffice for its evolution it is transmitted by heredity. Arthritis is only a chronic and lasting deviation from the normal type of nutrition. The organism is affected by the transformation but it is not severe enough to destroy life. Little by little, it becomes accustomed to this condition which becomes a fixed state and is transmitted by heredity. If two persons, affected with a hereditary taint, marry, their children will bear the stamp of a more pronounced pathological state than their parents. In cerebral hæmorrhage—apoplexy—heredity exerts an undoubted influence. Such descendants are especially liable to sclerous processes of a dystrophic nature or psychic lesions. Hebrews are mostly arthritic on account of their intermarrying. Gout, diabetes, organic nervous diseases, neuroses or psychoses are of frequent observation among them. Alcohol plays an important rôle in its causation, and the disastrous results are observed in the children of alcoholics, the final stage transmitted by heredity. In the lower classes of society where the worst kinds of alcohol are consumed the most severe forms of arthritism are seen: arthritis deformans, generalized arterio-sclerosis and diseases of the nervous system. Even tuberculosis or chronic rheumatism have been traced to this source. Pulmonary tuberculosis is frequent in hysterics.—*Le Progrès Médical*, No. 42, 1893.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D.

LAUGHING GAS AS AN ANÆSTHETIC IN GENERAL SURGERY.—T. L. Macdonald (Washington, D. C.) urges the more general use of nitrous-oxide in surgical operations, the idea of its transient anæsthetic action being due to the fact that it is used almost exclusively for the extraction of teeth, which necessitates the removal of the inhaler, with the consequent rapid return of sensibility. There seems, however, to be no objection to the renewal of inhalations.

Twelve experiments are reported, in which the duration of the anæsthesia varied from five to forty minutes; recovery was rapid, about a minute and a half, and without nausea; shock also was absent. One case, in particular, is worthy of note, a woman of seventy-three, with mitral and aortic murmurs. The thigh was amputated at the middle for sarcoma. The anæsthesia was complete, lasted forty minutes, and in a minute and a half after the removal of the inhaler, she was answering questions intelligently. The pulse kept good throughout, and there was no subsequent shock or nausea.

Anæsthesia with laughing gas may be divided into three stages, stimulation, anæsthesia, and cyanosis; the latter can be avoided, although both the arterial and venous blood is dark, and the stimulation does not seem to be followed, as in other anæsthetics, by a corresponding depression. Other good features are the ability to

exhibit the gas in full quantity without producing distress, the rapid induction of anæsthesia and the quick recovery.

The use of nitrous-oxide seems to be without danger, if the pure liquefied gas is used, and if it is administered intelligently and in the prone position. Before the use of the gas, all the rules generally laid down for other anæsthetics are observed, except that it is not so essential to have the stomach empty. The conjunctiva is palpated to note the insensibility; asphyxia is prevented by carefully watching the face for a dull-bluish or grayish pallor, which is apt to be accompanied by jerky or spasmodic respirations, and, sometimes, stertor. On the appearance of these symptoms the flow of gas is diminished or suspended. There is but little change in the pulse or pupils; respiratory or heart failure are to be treated as in anæsthesia with ether or chloroform.—*Southern Journal of Homœopathy*.

INFLUENCE OF CHLOROFORM ON THE KIDNEY.—Rindskopf has examined the urine of one hundred perfectly healthy persons before and after chloroform anæsthesia. In thirty-one out of ninety-three cases he found positive changes in the urinary secretion after both the officinal chloroform and the chloroform Pictet. In six cases there was albumen alone; in six, albumen and casts; in nineteen, casts alone; in four, cast-like elements; in twenty-one, numerous leucocytes; in nineteen, epithelia of varied origin; and in six, red blood corpuscles. As to the albumen, it was present only in traces in the first days after anæsthesia, and it disappeared on the third day. The cast-alone appeared in the same cyclic manner. They were most numerous on the first morning after the operation, disappearing within sixty to seventy hours. They were exclusively hyaline. In case of necessarily prolonged anæsthesia, the urine should be examined, and chloroform should be used with great care in persons with renal disease.—*Wiener Medizinische Presse*.

ACTION OF IODOFORM ON PUS MICROBES AND LEUCOCYTES.—Maurel (*Bulletin Général de Thérapeutique*) has made an experimental study of this subject, from which he draws the following conclusions:

1. Iodoform attenuates the virulence of the staphylococcus. While in the virulent state, this micrococcus kills the leucocytes in less than two hours—when it is subjected, along with the leucocytes, to the influence of iodoform, the latter preserve their movements for eight hours, at least, and even complete their evolution.

2. The staphylococci which have thus lost a great part of their virulence (and to such a degree that they are seemingly devoured by the leucocytes with impunity), keep all their reproductive energy unimpaired, so that virulence and the power of reproduction are independent properties.

A final conclusion is deduced that it is in both these ways—by augmenting the energy of the leucocytes and attenuating the virulence of the microbes—that iodoform opposes suppuration, which is, in the language of bacteriology, a massive slaughtering of the leucocytes.

These deductions are in harmony with clinical experience as to the benefits of iodoform in preventing or arresting suppuration.—*Boston Medical and Surgical Journal*.

ELASTIC SPONGE COMPRESSION IN VARICOSE ULCERS. Krisch (*La Semaine Médicale*) treats varicose ulcers as follows:

When they are excavated, a piece of iodoform gauze is made to fit the lesion exactly, dermatol is dusted on the surrounding skin and covered with absorbent cotton; a sponge is carefully fitted to the ulcer; the whole is covered with a snug bandage.

When they are granulating or superficial, a compress, wet with the acetate of aluminium, is laid on the ulcer, covered with impermeable material, and over this the sponge is applied, and held in place by a snug bandage.

The elastic sponge compression is kept up until cicatrization is complete. When granulation and cicatrization are well under way, a simple antiseptic salve may be used under the sponge. Compression gives surprising results in torpid ulcers. If the edges, however, do not soften, massage by means of a small roller will induce this.

In irritable ulcers a firm bandage is applied from the toes up and from the knee down to the painful region. The ulcer is covered with a wet compress and oiled silk. At each change of dressing this region is encroached upon until the edges of the ulcer are reached, when sponge compression is used. By this plan ulcers have been made to heal which had resisted all other treatment.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D. AND J. NICHOLAS MITCHELL, M.D.

PYREXIA IN SURGICAL CASES.—In the consideration of pyrexia attending surgery, within the peritoneal cavity especially, we must remember with what an interesting membrane we have to deal. Inflammation of this "lymph sac" gives us very numerous, very serious, very various symptoms. There may be an almost normal pulse and temperature.

Pyrexia alone cannot be considered an absolute indication of peritonitis, nor even sepsis after any surgical procedure. It is quite the custom for nurses, and, indeed, many physicians, to ply the thermometer during or immediately after a chill. Such information is absolutely unreliable and of no service whatever. A chill or rigor is an important manifestation of extending disease (if not merely due to nervous excitability) and an indication whose value and significance is not to be measured by the height of a column of mercury in a glass tube. A pyrexia with quick pulse and even increasing distension, does not necessarily indicate peritonitis, although we know these symptoms show a condition very favorable to its development, and if they continue without abeyance, must almost certainly result in the dread disease.

The patient's pulse, her respiration, her countenance and voice, her ability to raise and move the abdominal walls in respiration, are all of great value in determining the presence or absence of inflammation.—Stone, *American Gynecological Journal*, 1893.

TREATMENT OF POSTERIOR DISPLACEMENT OF THE UTERUS.—Dr. J. Whitridge Williams, in the course of this very interesting paper, thus describes Dührssen's method of operating: At the meeting of the Berlin Gynecological and Obstetrical Society, held July 8, 1892, Dührssen, Gusserow's assistant, described a method of operating which certainly far surpasses any other vaginal operation yet suggested, from both a theoretical and surgical point of view. He makes a transverse incision, two to three centimetres long, in the anterior fornix of the vagina, just anterior to the attachment of the vaginal portion of the cervix, and then separates the bladder from the anterior surface of the cervix and the body of the uterus as high up as possible without breaking through the peritoneal cavity, just as one does in the first step of a total extirpation of the uterus by the vagina. A sound is then introduced into the bladder as a guide, and the uterus is thrown forward by a second sound; then a ligature is introduced into the anterior wall of the uterus as high up as possible, but it is not tied, and is to be used simply as a tractor. On making traction on this, one is enabled to pass a second ligature above it, and so on until three or four tractors have been passed, and we are enabled to draw the fundus forward and downward and hold it in the desired position. Then three silk ligatures are passed through the anterior wall of the uterus and above the highest tractor, and then through the vaginal wall just in front of the incision, and includes its entire thickness except the mucosa. They are then tied, cut short, and the incision in the anterior fornix closed: the vagina is packed with gauze, and the woman put to bed and kept there for about two weeks. Dührssen has performed this operation one hundred and forty times in all, and none of the women have been seriously ill from it; 89.4 per cent. of the cases operated upon have been permanently cured. This is certainly a brilliant showing, and the operation appears to be the most rational of all the vaginal methods yet suggested. An operation somewhat similar to the above was described by Mackenrodt one month after Dührssen's paper was read, but he had not given his operation anything like the trial to which Dührssen had subjected his own operation.—*Maryland Medical Journal*, 1893.

EXTRA-UTERINE PREGNANCY.—The author, A. E. Aust Lawrence, M.D., sums up the whole diagnosis in a few words. He says that when a previously healthy woman missed one or more periods and was taken with acute abdominal pains and fainting, and those symptoms recurred at short intervals, and the vaginal examinations revealed a retro- and peri-uterine hæmatocele, either extending or not up into the abdomen, it was imperative to open that abdomen without delay.—*Bristol Medico-Chirurgical Journal*.

TRENDELENBURG POSITION IN GYNÆCOLOGICAL OPERATIONS.—F. Schauta writes in the highest praise of this position for gynecological operations. He not only recommends it for operations, but calls attention to the fact that it is often of material aid in making diagnosis in the simple bimanual examinations without ether. The recession of the intestines toward the diaphragm, enables the pelvic viscera and their relations to be much more easily studied. The objection to its use in celiotomy—that the bladder is more easily wounded—he considers not borne out by facts; and the second objection—that in this position pus is more likely to gravitate toward the upper part of the abdominal cavity in case of bursting pus tubes or abscesses—is, in his opinion, entirely offset by the more perfect ease with which the origin of such pus can be seen and its spread controlled. In two cases early in the series of one hundred and four, in which this position was used, twisting of the intestines occurred, resulting in death. These occurrences led him to study the behavior of the intestines upon the cadaver in this position, and he found that these coils of intestine which are on the right side and underneath when the abdomen is opened, gradually work over to the left and toward the front. If the abdomen is closed with the Trendelenburg posture, they may not resume their natural position and so give rise to trouble. If, however, the precaution is taken to place the patient horizontally before the abdominal wound is closed, and the edges of the incision are held apart a little to favor their moving easily, they return to their normal position. Schauta has followed this rule in his last seventy cases and has had no such complication.—*Ibid.*

SYMPHYSEOTOMY—LIMITS AND INDICATIONS.—If we have to deal with a child of normal dimensions we can easily calculate what degree of narrowness can be overcome by symphyseotomy. The biparietal diameter of the head being three and three-quarter inches, one-quarter entering in the gap between the pubic bones, and distance from the ends of the pubic bones to the promontory being increased one-half an inch, three-quarters of an inch is gained in the length of the true conjugate. Taking, furthermore, into consideration the compressibility of the head, which is estimated at one-quarter of an inch, we find that with a conjugate of at least three inches we may expect an easy and safe delivery, and that the operation may be performed, although with difficulty, with a true conjugate measuring only two and three-quarter inches. If the child is small we may venture below this limit, Leopold having operated successfully with a conjugate of two and three-eighth inches.

Modus operandi.—There are two methods, the subcutaneous and the open. Each of these methods has its advantages and disadvantages. The subcutaneous method recommends itself by its great simplicity; in most cases it causes much less hæmorrhage, and the wound can be kept perfectly aseptic. On the other hand, if there is hæmorrhage at the bottom of this deep wound, it can be treated only with tamponade, which, though rarely, has proved occasionally sufficient. The open method allows the operator to cut in the way he finds most easy, and the symphysis being much broader in front than behind and having a well marked notch at the upper end, it is often preferable to cut from the front backward and from above downward. As hæmorrhage is especially likely to occur at the lower end, it is even an advantage to cut this part last. The open method has, furthermore, the advantage that the operator can see where the blood comes from and can carry ligatures with curved needles around vessels or oozing tissues.

In regard to the closure of the wound there is great diversity in practice. Several go so far as to bore holes in the ends of the bones and unite them with silver sutures, which are removed after ten days, as otherwise they would interfere with a repetition of the operation. Leopold recommends suturing the cartilage with buried silk sutures, which others and myself have found impossible to do because the cartilage was not thick enough to pass any suture through it. Many unite the tendinous tissue in front of the pubic bones with such buried sutures. The soft parts, skin, and adipose tissue, should, under all circumstances, be united by deep and superficial silk sutures, which are left for a week or ten days. In order to keep the two halves of the pelvis together nothing is better than rubber adhesive plaster. I carry these straps, two inches wide, around the trochanters, crossing them on the abdomen above the wound. They are left on about three weeks. While they are being applied, and during after treatment, the patient should lie with outstretched legs, the knees kept together, and the feet turned inward, as this position of itself approximates the bones.—Garrigues, in *Journal of Obstetrics*, November, 1893.

SEPTICÆMIA AND ITS TREATMENT WITH OXYGEN.—Andrew F. Carrier, M.D., of New York, says that septicæmia of all varieties may be helped if not cured by the early use of oxygen. The simpler the method of administration the better, the principal requirements being that the oxygen be pure, and that it be administered in sufficient volume to be readily and comfortably tolerated.

THE INDUCTION OF LABOR IN THE ALBUMINURIA OF PREGNANCY.—In mild cases of albuminuria, before the seventh month, the case should be put upon proper medical treatment and carefully watched. If the condition improves or remains stationary, interference may be delayed until it is certain that the child stands a good chance of living.

In severe albuminuria, before the seventh month, with marked renal insufficiency and dropsy, labor should be induced as soon as it is seen that medical measures have little or no beneficial influence.

In albuminuria occurring after the seventh month, labor should be induced, if the conditions remain stationary, after a week or two of proper treatment.

In severe cases, seen for the first time during the seventh or eighth month, and showing a decided increase of urine solids and much dropsy, artificial labor, should be promptly induced.—C. G. Jennings, in *Am. Gynecological Journal*, 1893.

THE TECHNIQUE OF TOTAL EXTIRPATION OF THE FIBROMATOUS UTERUS.—The patient is placed in the lithotomy position and the vagina thoroughly disinfected in the usual way. The cavity of the uterus is disinfected, as far as possible in each individual case, by means of superficial curetting and irrigation with 1-2000 sublimate solution. The uterine cavity is packed moderately with antiseptic gauze, usually 1-100 sublimate. The vagina is next packed tightly with 1-1000 sublimate gauze and the patient changed to the Trendelenburg posture. The abdomen is opened above the pubis by an incision just large enough to permit the delivery of the tumor.

If the ovaries and tubes are found healthy, or at least not containing pathological secretions, the escape of which would threaten infection of the peritonæum, and the uterine tumor not too large, extending but little, if any, above the umbilicus, and not weighing above four kilogrammes, the entire uterus, with the tumor or tumors, tubes and ovaries, is removed in one piece after the following method:

The tumor is delivered through the abdominal incision and pulled as far as possible out of the pelvis. A transverse incision is made through the peritonæum covering the anterior surface of the uterus from one broad ligament across to the other.

This incision runs about three centimeters above and parallel to the reflection of the peritonæum from the uterus into the bladder. The point of reflection is plainly indicated by a white, fibrous-looking transverse line. A similar transverse incision is carried through the peritonæum on the posterior surface of the uterus. The two peritoneal flaps thus marked out should be large enough to easily cover the defect in the pelvic floor left after the removal of the uterus.

The peritoneal flaps are next stripped from the surface of the uterus. In doing this the bladder and uterus are carried forward with the anterior flap well out of the way of harm during the further steps of the operation.

The next step is the ligation of the uterine artery on either side. The arteries are secured by a sub-peritoneal mass ligature of stout catgut, carried well down to, but not into, the vagina. The distension of the vagina by the gauze packing makes this an easy matter, a point for counter-pressure being afforded by the gauze. In passing the ligatures in this, as well as in all other operations upon the broad ligaments, I prefer the excellent and most convenient ligature carrier devised by Dr. Clement Cleveland to all other instruments.

The broad ligaments are tied off by two further catgut ligatures on either side, one embracing the round ligament and the other the infundibulo-pelvic ligament and spermatic artery.

The cutting out of the uterus, tumor and appendages in one piece between the ligatures is now an easy and bloodless procedure. If the mass ligature of the uterine arteries has been carefully applied no bleeding will result, even from the divided vaginal arteries.

The six ligatures are cut short and the knots turned downward toward the vagina in the next step of the operation, the closing of the gap in the pelvic floor.

This is affected by the uniting of the anterior and posterior peritoneal flaps by a transverse, running Lambert suture of catgut extending from the stump of one infundibulo-pelvic ligament across to that of the other, securely shutting off the peritoneal cavity from the vagina.

The peritonæum is dry-cleaned with sterilized gauze, the abdominal wound closed without drainage, and the patient returned to the lithotomy position. The gauze packing is removed from the vagina and replaced by a loose dressing of gauze applied in such a manner as to drain the supravaginal sub-peritoneal space. The patient is now ready for bed.—George M. Edebohls, M.D., *Journal of Obstetrics*, November, 1893.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

CONDUCTED BY

CHAS. M. THOMAS, M.D.

THE DIAGNOSIS OF PARALYSIS OF THE ELEVATORS AND DEPRESSORS OF THE EYEBALL.—Chas. Wray (London) makes plain the diagnosis of ocular paralyses, stating that no mnemonic aid is required for the external and internal recti, but that in order to make the actions of the oblique more easily remembered it may be pointed out that the action of an oblique muscle is the opposite of that of the rectus of the same name. Compare the action of the superior oblique with that of the superior rectus or the inferior oblique with the inferior rectus. If a patient fixes a pencil in the upper part of the field and both eyes are directed on the same point, there will be binocular vision. If, however, the elevator of one eye is paralyzed, that eye will lag behind its fellow and there will be downward strabismus, and as a consequence an over-high projection of its image, thus establishing *Rule 1*: In diplopia in the upper part of the field the upper image is seen by the misdirected eye. In investigating the lower field in the same way, if both eyes converge on the same point, there will be no diplopia, thus implying healthy depressors. If, however, there is weakness of the superior oblique or inferior rectus, the affected eye will remain higher than its fellow, and there will be upward strabismus and an over-low projection of its image, thus confirming *Rule 2*: In diplopia in the lower part of the field the lower image is the one seen by the misdirected eye. Paralysis of an oblique muscle will give rise to inward strabismus and therefore homonymous diplopia. *Rule 3*: Paralysis of an oblique muscle gives rise to homonymous diplopia. Paralysis of a superior or inferior rectus will give rise to external strabismus and crossed diplopia. Hence, *Rule 4*: Paralysis of a rectus muscle will give rise to outward strabismus and crossed diplopia.

Application of the Rules—A pencil should be held high up in the upper visual field. If the patient sees but one image, neither eye lags. There is no strabismus and no affection of the elevators (superior rectus or inferior oblique). In the case of diplopia direct the patient to shut the eye he habitually closes to prevent giddiness. If the upper image disappears he has closed the affected eye. He should now reopen it, and note should be taken whether the diplopia is homonymous or crossed. If the former, by *Rule 3* the inferior oblique is affected; if crossed, the superior rectus by *Rule 4*. The lower field is investigated in the same way. Absence of diplopia would imply healthy depressors, while *Rule 2* would enable the surgeon to recognize which was the affected eye. The next question would be as to whether the diplopia is homonymous or crossed. If the former, by *Rule 3* the superior oblique is paralyzed; if the latter, by *Rule 4* the inferior rectus.—*The Lancet*, November 18, 1893.

TREATMENT OF CHRONIC SUPPURATION OF THE MIDDLE EAR.—Describing his method of treating this disease, Politzer says: "After syringing the ear, removing the pus and debris, the parts are syringed with an antiseptic fluid which may vary in strength according to the degree of the fœtor of the discharge. The one generally used in his clinic is made by adding from ten to fifteen drops of lysol to a quarter of a liter of boiled water, or salol one per cent. If a stronger antiseptic is required, he uses corrosive sublimate in the proportion of 1 to 2000. The following points must be carefully borne in mind with regard to the employment of this drug: never use it in the case of children or when the Eustachian tube is very patent, and dis-

continue its use at the end of a week if the smell disappears. We next dry the ear thoroughly and continue the steps of our antiseptic treatment by blowing into the meatus finely powdered boracic acid. No bad results have been seen from caking of the powder. If boracic acid does not affect a cure, iodoform in powder, its odor being disguised with Tonga bean; or by inserting small bougies of iodoform mixed with gum arabic, glycerine and tincture of Tonga—a small piece,—about a quarter of an inch being introduced into the meatus as far as the drum with forceps, and kept in place by a plug of cotton. In some cases the tympanum may be washed out through the catheter inserted into the Eustachian tube. If it does not pass freely through the cavity and out through the meatus, we may employ a fine elastic tube, which is passed right through the Eustachian carerther and up into the tympanum. In this way the cavity can be thoroughly syringed out.—*The Lancet*.

THE ACTION OF SCOPOLAMINE ON THE EYE.—L. Bellarminow (abstract in *Revue Generale d' Ophthalmologie* has made some observations on the action of the new mydriatic recently proposed by Raehlmann (scopolaminé). He draws the following conclusions: Scopolamine is indicated for the same cases as atropine, especially to determine anomalies of refraction and accomodation. Owing to its marked effect upon accomodation, it permits of speedy and accurate determination; in addition, it considerably shortens the period of paralysis of accomodation and of mydriasis. Scopolamine is also preferable to atropine in cases of short attacks of inflammation of the cornea. In general, scopolamine has all the good effects of atropine, without its bad qualities. The author, therefore, thinks that scopolamine will soon replace atropine in the practice of ophthalmology.

HETEROPHORIA; A SAFE LINE DRAWN BETWEEN OPERATIVE AND NON-OPERATIVE CASES.—Savage draws the following conclusions: On the operative side of the line must be placed all cases in which the plain red glass produces diplopia. On the non-operative side should be placed, at least for a time, all cases of heterophoria in which diplopia is not induced by the plain red glass placed before one eye. Prisms, or decentered lenses, in position of rest, should always be resorted to primarily in all cases falling on the non-operative side of the line. There are cases, however, in which the use of prisms gives only temporarily relief, and the strength must be increased from time to time until finally the red glass again tried shows that the patient must be transferred to the operative side of the line.

DEAFNESS TREATED BY THE COMPRESSED AIR-BATH.—Dr. Hovent, of Brussels, reports the case of a girl aged thirteen and a half years, who had been gradually getting deaf since birth. The child was healthy in appearance, but suffered from sore throats, which occurred, according to the mother's statement, every fortnight. The deafness had partially cleared up under the energetic treatment of Dr. Bayer, of Brussels, who removed the tonsils and some post-nasal adenomata and frequently passed the Eustachian catheter upon the child, but the improvement was not maintained. Under the influence, however, of a regular course of compressed air-baths the hearing improved to a marked degree. On January 8, 1892, the ticking of a watch could be heard seven centimetres away on each side, and on the 20th the ticking, presumably of the same watch, was audible at a distance of no less than forty-six centimetres from either ear. As the child had been practically deaf from birth, she had received no auditory education, and her reports upon objective sounds were vitiated by her remembrance of subjective sounds.—*The Lancet*, December 30, 1893.

ASTHENOPIA NOT DEPENDENT UPON ERRORS OF REFRACTION NOR INSUFFICIENCY OF THE OCULAR MUSCLES.—Dr. Thomas R. Pooley writes of the numerous reflex causes of asthenopia, and calls attention to the following points: 1. Asthenopia may exist quite independently of errors of refraction or affections of the eye muscles. 2. Asthenopia may be due to toxic causes. 3. To excessive use of the eyes. 4. To various reflex causes. 5. A large number of cases are due to irritability and exhaustion of the nervous system embraced under the term neurasthenia. 6. Rational treatment consists of arriving at the cause of which the asthenopia may be considered the symptom and correction of the same, together with rest and systematic exercise of the eyes and use of feebly focusing glasses where there is paresis of accomodation.

He states emphatically that it is the tendency of modern ophthalmology to seek a local cause for all disturbances of vision, and to use local treatment exclusively, but this has not met with the unqualified approbation of those who seek to be physicians as well as ophthalmologists.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,

FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

IODINE AND ITS PREPARATIONS.—Dr. Goullon, of Weimar, Germany, employs an attenuated preparation of the officinal salve of iodine in the treatment of goitre. Its application is only to be continued for eight to fourteen days when the further course is left to nature; the decrease will continue. *Iodide of potash* is the chief remedy in all inflammations with fibrinous exudates or deposits, and especially in croupous pneumonia. He claimed it to be an important remedy in crural ulcers which refuse to heal. Superficial ulcerations indicate it an analogue of nitric acid. In hoarseness from paralysis of the vocal cords it has done wonders, especially in conjunction with *hepar sulphur*.

Calcareo iodata acts specifically on the tonsils and is indicated in chronic hypertrophy, in scrofulous subjects. In purulent inflammation of the ear with osseous or periosteal involvement it renders service. It is always of value where there is either manifest or latent scrofulosis and prepares the organism for recovery.

Ferrum iodatum is recommended in ozena of a scrofulous origin; if syphilitic, *kali bich.* or *aurum* will be better. It is also indicated where chlorosis and scrofulosis coexist. Inhalations of one to two drops of the tincture of iodine he has found useful in ozena.

Mercurius iodatus ruber he praises in the catarrh of new-born children or those in the first weeks of life. It is best given in a mild salve and applied locally. It is also frequently used with success in diphtheria and deep and cancerous ulcerations. Deep and round ulcers in the uvula with great loss of substance. When the diphtheritic process extends over into the larynx, with croupous tone of voice, it is eminently indicated. Use material doses.

Iodide of ammonia as well as the bromide of ammonia is praised by some in colds and hoarseness, especially in chronic affections of this kind, in catarrhal consumption, and where there is a profuse watery secretion with nasal catarrh. The bromide of ammonia will calm cough and induce sleep, and though they seem indicated in croup he cannot recommend them.

Iodide of arsenic is valued too highly in tuberculous affections though in affections of the heart and respiratory organs, with asthmatic symptoms it is a valuable remedy. From its influence on cancerous ulcers of the face and chronic crural ulcers it must have an anti-dyscrasic action. *Iodide of sulphur* he advises in chronic nasal affections, nasal hypertrophy and polypoid growths where the galvano-cautery is used by the old school. He recommends material doses.—*Allgemeine Homöopathische Zeitung*, Nos. 17 and 18, 1893.

A CHARACTERISTIC OF ASAFŒTIDA.—A pronounced characteristic and one which is not generally known of this drug is: a sensation of emptiness and weakness, with distension and beating in the stomach and abdomen, accompanied by rolling and gurgling in the belly, which gas is nearly always discharged per rectum with difficulty, but escapes easily through the mouth with numerous loud and forcible eructations which give relief. It resembles in this *Argent. nit.* An obstinate constipation often accompanies this condition.—*Rivista Omiopatica*, 9-10, 1893.

TREATMENT OF DIPHTHERIA.—Dr. Puhlmann, of Leipsic, recommends chiefly the mercurial preparations, and above all the cyanide in the fourth decimal trituration. Locally a weak solution of the chlorate of potash, peroxide of hydrogen or red wine and water, is of value. In applying local applications, compresses, etc., externally, remember to apply them up to the ears.

Bromine is of value in laryngeal diphtheria where mercurius cyanatus alone will not suffice. He employs the first attenuation, five drops in two ounces of water, and of this a half a teaspoonful every hour in alternation with the cyanide. Or, one may use instead of bromine alone, which easily decomposes, the bromide of ammonia 2x, a few grains every hour. Besides these two remedies, apisinum 5x, and nitric acid 4x, are useful where the disease is complicated by acute inflammation of the kidneys, and not only albumin but also casts, epithelial cells from the canaliculi and red blood corpuscles are found in the urine. Apisinum corresponds to the slight and nitric acid to the graver forms. Mercurius iodatus ruber 3x, is indicated in extensive swelling of the submaxillary glands. In the severe septic and typhoid forms lachesis 12x and arsenicum 5x, are recommended. Paralysis of the laryngeal or pharyngeal muscles require causticum 3x, or gelsemium 4x, paralysis of the laryngeal muscles alone, calabar 3-6x, enema after the disease, ferum hematinatum 2x; if combined with weakness of digestion, calcarea phosphorica 3x. Besides these remedies he advises the occasional use of mercur. corrosivus, ammonium caustic, calc. fluoricum, kali bichr., kali chlor., natr. caust., baptisia, rhns tox., naja, capsicum and acid muriaticum.—*Leipziger Populäre Zeitschrift fuer Homœopathie*, Nos. 23-24, 1893.

THUYA IN ACILLODYNIA AND ITS CONNECTION WITH GONORRHOEA.—Dr. A. Welsch, of Augsburg, Germany, has observed cases of this disease which was first named by Prof. Ahlbert, of Vienna, and consists of a painful swelling of the insertion of the tendon of Achilles. In three cases it was due to a gonorrhœa which had persisted for some time. At the insertion of the tendon there was a slight swelling and induration. The pain was not constant but ran a parallel course with the urethral discharge and persisted a long time after this had disappeared. It is possible that they were due to general infection and were of gonorrhœal rheumatic origin, which would go to support the belief of the older physicians that gonorrhœa was a systemic and not a local affection. In this peculiar condition he employed thuya, both internally and externally. Externally he used a 1:8 solution which was applied by means of compresses, and internally he gave from four to six drops of the tincture three times a day. This same treatment he employed in gonorrhœal pains in the hip and knee-joints. Thuya, like copaiva, has a specific action upon the mucous membrane of the urethra, bladder and ureters, and even of the kidneys, but unlike copaiva it has a still deeper influence in that it exerts an influence upon the articular symptoms of gonorrhœa. In erosions of the cervix and os uteri, as well as in cases where there was a suspicion of cancer, he has obtained good results by the local application of equal parts of the tincture of thuya and water.—*Archiv fuer Homœopathie*, No. 5, 1893.

TREATMENT OF RENAL COLIC.—Dr. P. Jousset divides the treatment into that of the lithiasis and that of the attack.

Treatment of the Lithiasis.—The principal remedies are: calcarea carb., cannabis, eupatorium purpur., lycopodium, natrum mur., phos. and sarsaparilla.

Calcarea carbonica.—Its pathogenesis contains much that appertains to gravel and stone in the bladder, especially the latter. Urine contains whitish and fetid deposits, lancinating pain extending into the rectum with retraction of the testicle. Phosphatic or white calculi. Give the 12x-30x for six days, then no medicine for the same period and return to the medicine again. Give it for several months.

Cannabis sativa.—It has a characteristic action on the genito-urinary apparatus, the bladder and kidneys in particular. It corresponds to the symptoms of inflammation of the kidney, bladder and urethra. The urine is turbid, either red or white. Mother tincture or the first six dilutions. In the treatment of the lithiasis as calcarea.

Eupatorium purpureum.—Considerable deposit of gravel in the urine, dull pains in the region of the kidneys, urine mixed with mucous tenesmus of the bladder. Give as the preceding drug.

Lycopodium.—Reddish deposit in the urine, hæmaturia, with lumbar pains radiating into the bladder, tenesmus vesicæ. Gravel. From the twelfth to the thirtieth.

Natrum muriaticum.—Urine very abundant with reddish sediment, at other times with pale urine or white sediment. In large doses it increases the quantity of urea. Dose not fixed.

Phosphorus.—Reddish and white sand in the urine. No dose stated.

Sarsaparilla.—Urine with gravel and small calculi. Confirmed in the treatment of gravel and the gout. The lower dilutions. Erygium, sepia and kali carbon.

are recommended by a certain number of writers. Pareira brava is employed, empirically, in the West Indies in calculous affections. The middle dilutions during the attack.

Treatment of the attack of colic.—The principal remedies are: nitric acid, berberis, cantharis, chamomilla, belladonna, coccus cacti, hepar sulphuris and pareira brava.

Nitric acid.—Frequent urination with passage of but little and tenesmus. Bloody urine, suppression of urine, abundant sand in the urine, constrictive pain, running from the bladder to the kidney. The lower dilutions, one drop in a teaspoonful of water every half hour.

Berberis.—Produces a complete image of nephritic colic. Violent lancinating pains in the kidneys and extending to the bladder, with pain in the spermatic cords and retraction of the testicles. Pale urine with grayish or reddish sediment. No dosage fixed. The mother tincture in 20 to 30 drops has been given successfully in gall-stone colic. Give this dose in renal colic.

Cantharis.—Agonizing pain extending from the kidney along the ureter to the bladder left. Blood in the urine and inflammation of the genito-urinary apparatus. Beware of too strong doses. Commence with the sixth dil.

Belladonna and chamomilla.—These two remedies alternated are recommended in treating the violent pain. Excessive pain with the colic. They were a precious resource before the employment of injections of morphine. The third dilution, a drop every five or six minutes.

Coccus cacti.—Hempel praises this drug in nephritic colic. Pain in the region of the kidney, sharp lancinating pains, which are of long duration, extend into the bladder and are accompanied with frequent emission of urine. Urine dark and scanty.

Hepar sulphuris.—Nephritic colic with vomiting and fainting. It has not been confirmed clinically.

Pareira brava.—Efficacious in a certain number of cases though used empirically. Not to be neglected. Commence with the third dil., and if no improvement after three doses give the mother tincture every ten minutes.

Morphine.—In case that no remedy relieves, give an injection hypodermically of morphine and permit the calculus to pass through the urethra. It relieves the pain and gives sleep for some time.

Diet.—That of the gouty. Abstention from wine and alcohol. Physicians in Normandy claim that the habitual use of cider will cure the gravel. He can confirm it.

In the treatment of the anuria the following remedies are indicated: arsenic, belladonna, cantharis, digitalis, iodium, kali bichrom., kali chromicum, opium, terebinthina, veratrum and solidago virga aurea.

Arsenicum.—In toxic doses it produces complete anuria. It is indicated in the anuria of cholera. Third trit., a dose every two hours.

Belladonna.—In considerable doses it produces diminution of the urine and in certain cases complete anuria. It is indicated in the anuria of acute nephritis. The first dilutions or the mother tincture every two hours.

Cantharis.—The same symptoms as belladonna with tenesmus and more marked pains. It has also cured the anuria of cholera. Third dilution as in arsenic.

Digitalis.—Complete anuria is observed to follow toxic doses, and the old school prescribe it in anuria with success. He has obtained a remarkable cure in a case of calculous anuria from the use of this drug. The second dilution or lower.

Iodium.—In large doses it produces complete anuria but it has not been used clinically.

Kali bichromicum.—This drug produces acute nephritis with anuria. It has cured the anuria of cholera. No dosage fixed.

Kali chloricum.—It also produces anuria but there are no clinical data given.

Opium.—In poisoning by this substance complete suppression of the urine has been noted.

Terebinthina.—In large doses it produces very scanty and bloody urine and later complete anuria. Hence it greatly resembles belladonna and cantharis. Richard Hughes considers it the principal remedy in anuria and Yeldham records a case of cure with the first dilution.

Veratrum.—It produces anuria and with the same indications as arsenic is chiefly employed in choleric anuria.

Solidago virga aurea.—This plant, our golden rod, is regarded by tradition as a diuretic and it has been employed in chronic affections of the kidneys and blad-

der and, in particular, in cases of gravel and calculi. It has no known pathogenesis but Dr. Guerin Ménévillé reports a case of anuria cured with it in the first dilution. Order a strict milk diet.—*L'Art Médicale*, No. 10, 1893.

SOME REMEDIES NOT ORDINARILY PRESCRIBED IN EPISTAXIS.—In the *Leipziger Populäre Zeitschrift fuer Homœopathie*, Nos. 13, 14, 1893, the following remedies are recommended for use in epistaxis:

Ammonium carbonicum.—Hahnemann recommended this remedy in nose bleed occurring every morning on washing the face.—*Chronic Diseases*, ii., p. 94.

Agaricus muscarius.—Dr. Weber praises it in nose-bleed of old people in whom a relaxed condition of the vascular system is present. In old persons also it is indicated.

Ambra grisea.—Dr. Geiner cured a case of nose-bleed in a seventy-five year old woman, which appeared for seven days in succession in the morning before rising and lasted several hours, three each time.

Carbo vegetabilis.—Conditions of weakness from hæmorrhage and symptoms from the digestive organs; distension of the abdomen and bleeding from the nose on straining at stool.

Rhus toxicodendron.—Slight epistaxis on blowing the nose or on stooping. It awakens the patient from sleep at night. In general the following remedies are to be preferred: *Coccus* in the nose-bleed of natural bleeders, hæmophiliacs, or natrum nitricum, especially in arterial hæmorrhages. With the latter drug epistaxis which has persisted for years and reappeared every day or week and reduced the patients to a condition of profound anæmia has been cured. In venous hæmorrhages from cardiac affections, pulmonary diseases, etc., digitalis is the best, or kali carbon. or ferrum. If these do not help, then employ those first given. Bryonia, puls., aconit., bellad., ipecac., china, mercur., phosphor., are also of service, or the new American remedies: erechthites, geranium, hamamelis, lapathum, macrotinum, sanguinaria, etc.

CHEMICAL COMPOUNDS AND THEIR ACTION WITH REGARD TO THEIR CONSTITUENTS.—Dr. Kunkel, of Kiel, calls attention to the attempt of a few writers to explain the action of chemical compounds by the action of their constituent elements. That this is false may be seen from a comparison of the actions of sulphur and calcarea carbonica. He has recently observed a clinical case which clinically disproves this. In a case of phagedenic chancre Merc. 2 was given and then Iodium 2 without result. Mercur. iodat. 2 was prescribed with immediate and good results.—*Allgemeine Homœopathische Zeitung*, Nos. 13, 14, 1893.

A CASE OF RENAL COLIC.—Dr. Baldelli, of Florence, Italy, was consulted by a woman of robust and healthy build, but slightly reduced in flesh who suffered every week from terrible attacks of renal colic which reappeared very regularly and lasted from 7 to 12 hours. The pains radiated from the region of the kidneys and extended along the ureters to the bladder and even sometimes into the thighs. Tenesmus and emission of slight quantity of urine accompanied the attack. The urine in general, contained a sand-like sediment of the color of an orange. Lycopodium, 30x, several times a day, was prescribed. Six days after she was seized with pains in the right kidney which coursed along the ureter and into the lower limb. The pains seemed different from those of the other paroxysms. Lycopod. 6x, was administered. They increased at first, then suddenly decreased and ceased when, on urinating, she passed a calculus of the size of a cherry stone, with a rough exterior. A dose of arnica removed the sensation of soreness along the uretal tract. Since then she has been free from any attacks.—*Rivista Omiopatica*, Anno xxxviii., No. 8.

TREATMENT OF ACUTE NEPHRITIS.—Dr. P. Jousset states that besides Bright's disease and interstitial nephritis there is no other form of essential nephritis but symptomatic affections terminating in suppuration which deserve the name of suppurative nephritis. They are due respectively, to traumatism of the kidney, a rare form, pyelitis following a calculus in the pelvis of the kidney, a frequent variety, those from extension of a pyelitis or a suppurative peri-nephritis those forms from propagation of inflammation along the ureters from the bladder to the pelvis of the kidney, the most dangerous of all, as it generally affects both kidneys, and follows gonorrhœa, prostatic enlargement, a urethral stricture or an operation on the urethra or bladder. Finally, there are metastatic abscesses of the kidney due to pyæmia.

Treatment of the Suppurative Form.—Aconitum and chininum sulph. are the chief remedies.

Aconitum.—Violent febrile movement with high temperature, anxiety, agitation and thirst.

Chininum Sulphuricum.—Replaces aconitum when the fever comes in paroxysms and from its beginning is marked with great chilliness and its decline by profuse sweats. It may be alternated with aconitum, the former at the beginning and during the fever and the latter at the decline. In this particular form of nephritis the remedies must be given in large doses, aconitum in the mother tincture, two to four drops every two hours and the sulphate of quinine in doses of twenty grains, administered in three doses with intervals of half an hour. This large-sized dose is requisite to prevent the possible after-effects and it will, in many cases lead to a recovery.

In the other forms and periods the following remedies are indicated: merc. corrosiv., kali nitricum, cantharis, belladonna and camphora.

Mercurius corrosivus.—This drug toxically produces the lesions of parenchymatous nephritis with injection of the glomeruli and desquamation of epithelium. There are pains in the kidneys and the urine is either mixed with blood or pus. The first three dilutions, a dose every two hours.

Nitrum.—Richard Hughes recommends nitre as one of the principal remedies in suppurative nephritis for the reason that it will produce in a toxic dose sup-puration of the kidneys. He does not state the dosage.

Cantharis.—This remedy causes like corrosivus an acute inflammation of the kidney. Its indications are a torturing and burning pain in the kidney, tenesmus, strangury, urine bloody and purulent. Beware of too strong doses as it will aggravate. Begin with the sixth decimal dil. and if of no effect go lower.

[Prof. E. Lancereaux, of Paris, reported last year two cases of nephritis a frigore or large white kidney desquamative nephritis, where the tincture of cantharis was employed with beneficial results. The first case was that of a woman of 28, who was seized after exposure to cold by general malaise, absence of appetite and fever. Urine scanty, high colored, and highly albuminous with marked and general anasarca, accompanied by quickly supervening discoloration of the integument. This state continued for five or six months notwithstanding the application of various methods of treatment. By this time the febrile state had disappeared and the other symptoms were more serious, with insomnia and intense headache. The twenty-four hours' quantity of urine varied from twenty to twenty-six ounces, was turbid and dark with high specific gravity, abundant albuminous precipitate. Hyaline and epithelial casts. The insomnia and headache yielded rapidly to drastic cathartics but the anasarca persisted in spite of diuretics and a strict milk diet. Six drops of the tinct. of cantharis were prescribed daily and in two days the quantity of urine had increased. The dose was augmented to ten drops in twenty-four hours and the daily quantity of urine was respectively, fifty to one hundred ounces, and in fifteen days the anasarca had disappeared entirely. This treatment was continued for six weeks longer when she was discharged. Then the urine was abundant and contained little albumin. A month later albumin could be detected but six months after no trace of it could be found. During the last four years he has repeatedly examined her and found her general health, strength and color perfect. He also reports the case of a young woman, who after a normal confinement was affected with desquamative nephritis with anasarca, turbid, dark and concentrated urine; uræmic symptoms supervened and she had several attacks of eclampsia. Her legs were enormously swollen, abundant albumin, hyaline casts and degenerated epithelial cells in the urine. Six to eight drops of cantharis tincture given per diem, the amount of urine more than double, uræmic symptoms appeared and were combated by drastic purgatives. Then she took twelve drops of the tincture daily and four or five quarts of urine were passed; in twenty-four hours, her sight and hearing improved, in eight days the œdema had gone and in six weeks her recovery was complete. He regards cantharis as a valuable agent in epithelial nephritis. Anuria results from tumefaction of the tubuli contorti and cantharis is a powerful modifier of this same condition. It acts especially on the tubuli contorti.—Eds.]

CAMPHORA.—Employed chiefly in the nephritis from poisoning by cantharis. Administer in the mother tincture on sugar or in water, shaking the mixture well before using.—*L'Art Medical*, No. 8, 1893.

NERVOUSNESS AND ITS TREATMENT.—Dr. W. Glock presents the following remedies in the treatment of nervousness:

Gelsemium sempervirens.—One of the most deeply acting nerve-remedies. It quiets conditions of irritation and excitement, especially of the cranial and abdominal nerves, nervous headache and affections of the sympathetic migraine, nervous spasms, as writer's cramp, etc. It renders service as well as in grave neuralgias and sciatica.

Valeriana officinalis.—Acts as a sedative to the centres of the brain and medulla oblongata. The blood-pressure and heart-beat are reduced and decreased. It acts well in nervous affections preceded by overwork and exhaustion, especially in weak and reduced hysterics and hypochondriacs.

Chamomilla.—A sovereign domestic remedy in spasmodic affections, as well as in nervous spasms of the abdominal organs. It may be given by rectal injection, with profit.

Aconitum.—Nervous pains of the cranial and gastric nerves. It acts especially on the medulla oblongata and the sensory and motor nervous centres. It reduces the temperature and pulse, slows the pulse heart-beat and hence relieves many nervous pains especially in facial neuralgia and all rheumatic nervous pains.

Mezereum.—A very ancient remedy in nervous headache, toothache, facial neuralgia and articular pains.

Iodium.—It causes a moderate excitement of all vegetative life especially of the abdominal and digestive organs. Nervous exhaustion from sexual excesses and violent emotions, with nervous headache, depression of the whole system, trembling and coldness of the hands and feet, the whole system is easily excited and aroused. Nervous sleeplessness.

Kali iodatum.—Conditions of depression, sensation of weariness and exhaustion of the nervous system, with disturbances of digestion. Arsenicum and arsenicum iodatum are also mentioned as of value.—*Allgemeine Homœopathische Zeitung*, Nos. 22 and 23, 1893.

VERATRUM ALBUM IN COPROPHAGIA.—Dr. Gullon, of Weimar, records the case of a child who was in the habit of eating its own feces or those found in the street. *Veratrum album*, 2c., one drop three times a day cured it, in a month. *Veratrum* has the symptom canine hunger attributed to it in the repertories but not coprophagia. The drug was much used in ancient times in treatment of mental affections.—*Allgemeine Homœopathische Zeitung*, Nos. 22 and 23, 1893.

TREATMENT OF GASTRALGIA.—The following treatment of gastralgia is presented in one of the principal Mexican journals of homœopathy:

Nux vomica.—Indicated by an excessive constrictive pain as of a bird's claw. Alternation of oppression and constriction or burning. The pain comes on in the morning and after eating; aggravation by touch. Twelfth and thirteenth dilution.

Ignatia.—An analogue of *nux vomica* but the distension is more marked. Of use especially to calm the painful attacks. Twelfth to the thirteenth dilution.

Chamomilla and *Belladonna.*—Two remedies for the treatment of the attack. The former is indicated by pain which is constrictive and appears to affect, sympathetically, the heart. Profuse sweating and anxiety. The latter is of service with spasmodic pain in the epigastrium, which is atrocious and lancinating, forcing the patient to bend the body backwards. Aggravation by the least contact. Third dilution and alternate, if the pain be intense.

Arsenicum.—Terrific burning pain which is compressive and feeling as if the heart were oppressed. Thirst, anxiety, tendency to syncope, nocturnal pains and diarrhoea. Sixth to the twelfth. All dilutions are efficacious.

Argentum nitricum.—Gastralgia, associated with profuse menstruation. The pain is most severe at night and followed by diarrhoea. First trituration.

Plumbum and *Opium.*—The former is indicated in rebellious gastralgia, simulating a chronic affection and accompanied by emaciation and a sub-icteric tint of the skin. Excessive pains which extend into the abdomen and are decreased by pressure. Relief or cessation of the pains after having vomited viscid mucous substances which are transparent and resemble the white of an egg. From the twelfth to the thirtieth. It is very efficacious especially if alternated with opium.

Platina.—Indicated in hysterics and preferably in the thirtieth.

Veratrum album—Of service in violent attacks of pain with cold sweats.—*La Homœopatía*, No. 9, 1893.

THE HAHNEMANNIAN MONTHLY.

MARCH, 1894.

DIABETES MELLITUS IN CHILDREN.*

BY CLIFFORD MITCHELL, M.D.

(Professor of Renal Diseases, Chicago Homœopathic Medical College.)

DEFINITION.

DIABETES MELLITUS is a disease characterized by persistent presence of sugar in the urine together with polyuria.

ETIOLOGY.

Heredity.—Heredity and especially a phthisical history. Next to heredity, previously existing diseases, notably gastric catarrh. Diabetes mellitus in children has been known to follow typhoid fever and purpura hæmorrhagica. Over-exertion, profuse perspiration, and cold are said to have caused at least one case; falls and blows on the head are ætiological factors; also daily exposure to wet and cold, and cold baths.

(Transient glycosuria in children has succeeded malarial disease, measles, immoderate eating of saccharine matters and even fatty substances, as well as indiscriminate eating with daily exposure to wet and cold. [Stern.]).

Dr. John A. Larrabee thinks it can be shown that diabetes is con-

* Advance sheets from the article by the writer in Prof. R. N. Tooker's book on *Diseases of Children*.

nected with inherited neurotic tendencies. Epileptic, and nervous hysterical parents often leave this legacy to their children. In his opinion, the *fons et origo mali* is a changed polarity of the nervous system in the medulla, without observable lesion.

Schnée thinks diabetes intimately connected with syphilis; he speaks of making the following "discovery;" "Diabetes is a hereditary, constitutional disease; and the ætiological element of this disease is lues contracted by some ancestor."

Kühl's observations on diabetes in children are that the influence of heredity is as follows: parents of diabetic children either have diabetes or some nervous malady. He regards traumatism as one of the causes. He finds that mild cases may become severe more quickly under the influence of traumatism.

Loomis mentions a case in a female child twelve years of age, who after fourteen months' illness from Bright's disease, eighteen months subsequent to scarlet fever, suddenly died of diabetic coma.

Age.—Out of 117 cases in children, Stern found six under one year of age, one seemingly born with it; seven over one year; three over two years; seven over three years; six over four years; five over five years; one over six years; six over seven years; two had completed eight years; eight were nine years old; six were ten; nine were eleven; eight were twelve; nine were thirteen; five were fourteen; four were fifteen; 28, age not given. They were all of the better class and only one Jewish.

Out of 618 cases of all ages, W. J. Scott found only four under ten years. One was fourteen months.

Out of 140 diabetic cases of all ages, Seegen found none between the ages of one and ten, and but five between eleven and twenty.

Out of 380 cases of all ages, Mayer found but one case under ten years of age and four between ten and twenty.

Nagle, quoted by Fowler, reports four deaths from diabetes mellitus in children under five years, in the years 1878 to 1887 inclusive, in New York City; population 1,400,000; 29 deaths between five and twenty years.

Prout, out of 700 cases, saw only one in a child of five, and about a dozen between eight and twenty years.

According to Roberts, diabetes is rare under five years of age. In the reports of the British Registrar-General from 1851 to 1860, ten deaths from diabetes in children under one year of age are registered in England and Wales with a population of 19,000,000, and 32 under three years of age.

West saw only one case at three and a-half years.

Schmitz, out of 2115 cases of diabetes, saw 85 under twenty years of age. Ten were from one to ten years old, and 75 were from ten to twenty years old. Hereditary predisposition, he found in 998 cases, and he has seen five, six, up to eight or ten, and even twelve cases in one family. In some cases the predisposition was congenital but not hereditary, brothers or sisters being diabetic.

Isenflam saw a family in which eight children of healthy parents all died of diabetes after reaching their eighth year.

Sex.—Female children are more susceptible to the disease than males.*

Out of seventy-eight cases, Stern found forty-seven females and thirty-one males. Simpson says that the proportion of males to females varies distinctly with age, being about equal up to ten years, and from that up it is more frequent in the male.

PATHOLOGY.

No constant lesion has been found which distinguishes diabetes mellitus. Pavy's idea is, that the whole trouble is due to imperfect de-arterialized venous blood, consequent upon vaso-motor paralysis, especially of the vessels of the chylo-poietic system. Modern research has shown that in some cases there is lesion of the pancreas. Larrabee's opinion is, that there is charged polarity of the nervous system in the medulla, without observable lesion.

SYMPTOMS AND COMPLICATIONS.

Diabetes sometimes manifests itself in children by wetting of the bed, and in all children in which this symptom is noticed it is prudent to examine the urine for sugar. In sucking babes, loss of flesh is sometimes the first noticeable symptom.

The usual symptoms are persistent glycosuria, polyuria, polydipsia; hunger, which may sometimes be ravenous, and emaciation.

Complications of diabetes are coma, albuminuria, phlegmonous and gangrenous processes, erysipelas, pruritus, eczema, disturbances of sight, cystitis, and various other disorders.

Fichtner saw a case in a girl of ten years, among whose symptoms were abolition of knee-reflex and diffuse retinitis. (Acetone was found in the urine, but not oxybutyric acid).

According to Litten, sudden blindness in young diabetics some-

* Kühl.

times occurs. There is no affection in which disturbances of sight are so frequently met as in diabetes. All the ocular tissues, viz., the cornea, iris, crystalline lens, vitreous humor, retina, muscles, etc., may be affected, but changes in the crystalline lens are the most common of the ocular manifestations of diabetes.

The causes of diabetic cataract are but little known. According to Seegen, it is to be attributed to the presence of exaggerated glycosuria and diabetic cachexia, and is always bilateral.

Seegen's explanation holds good only in young patients under twenty years of age, seeing that in old people diabetic cataract is often unilateral, while it may be associated with but moderate glycosuria.

In two cases under Litten's observation, cataract developed with amazing rapidity, the evolution being complete in the space of a few hours.

The first patient was a girl, aged seventeen, in a cachectic condition, excreting about twelve ounces of sugar in the twenty-four hours. There was complete loss of sight on the right and imperfect vision on the left side. She was operated on by Dr. Hirschfeld, the lens being dislocated into the anterior chamber where it was rapidly absorbed. The patient's sight has considerably improved since.

The second case was identical with the one just described. No operation was performed, and the patient is now absolutely blind.

Death has been known to follow operation for double cataract in a diabetic child.

Diabetic Coma.—Coma is more common in children than in adults, and sudden deaths from it have been noted. Early recognition of diabetic coma is very difficult and in some cases impossible, but it may be said in general that any sudden improvement in the condition of the urine and objective symptoms not confirmed by subjective sensations on the part of the patient should put the physician on his guard; reduction, for example, of excessive appetite to below the standard for a healthy child; unexpected and unexplained loose movements when constipation had previously been the rule; peculiar acetone odor to the breath, suggesting a mixture of chloroform and acetic acid; acid eructations and nausea, with or without vomiting; general prostration and disinclination to exertion; tendency to drowsiness, even in the daytime, with low spirits and despondency; attacks of dizziness, frontal headache, neuralgic pains, accelerated pulse with or without decrease in volume. After a variable period of indefinite symptoms, like the above, the patient will complain of a

feeling of depression, is restless at night, eats nothing, has colicky pains, vomits matter sometimes having acetone odor, has sense of constriction about the thorax causing deeper breathing than usual; the mental condition varies from excitability to mild talkative delirium, alternating with drowsy or stupid intervals.

Gastro-intestinal derangements seem to stand in causal relation, and coma may follow any unusual strain on the digestion, as also great fatigue; for instance, that of a railroad journey. If a sudden onset of nervous symptoms be noticed when the patient has been put on diet, the latter should be relaxed.*

The order of symptoms in diabetic coma is often as follows: Dyspnoea, great excitement and wildness, benumbing of the senses, coma.

Sudden death from diabetic coma is possible in cases like the following: Sugar in the urine not controlled by diet and medication; patient extremely weak; lower extremities œdematous; tongue red, raw, and glazed; mouth and throat covered with aphthous patches; uncontrollable diarrhoea; acute inflammatory affections of the lungs present, or, earlier in the disease, chronic pneumonia.†

The urine in diabetic coma is diminished in twenty-four hours' quantity, and in amount of sugar. There is extreme acidity, and the urine may have the acetone odor. Albumin in small quantity is usually though not invariably found. The so-called ferric chloride reaction is sometimes noticed.‡

Cystitis.—This disorder may occur in connection with diabetes. Teschemacher records a case of a boy of eleven in which on the advent of vesical catarrh, the glycosuria disappeared, reappearing with the improvement in the vesical condition.

Effect of Mental Excitement.—The influence of mental excitement on glycosuria is shown by Teschemacher in an account of a very interesting case. A delicate boy of seven, hereditarily predisposed to diabetes, being attacked by this malady, was put on restricted diet when the sugar, which at first was 4 per cent., fell to 0.35 per cent., and subsequently disappeared altogether. Soon after this he was attacked by a dog which sprang at him and he fell to the ground, where he lay half unconscious with terror. He was carried home and put to bed. Trembling at first and speechless, he lay in bed for some hours before he partook of food, while he repeatedly asked

* From the writer's *Clinical Study of Diseases of the Kidney*, second edition, page 380.

† *Ibid.*, page 379.

‡ *Ibid.*, page 381.

for drink. Next day he was brought to Teschemacher, who examined the urine, and was astonished to find 3.3 per cent. of sugar. According to the mother the quantity of urine passed was increased. Restricted diet was again ordered. On the following day the sugar stood at 2.4 per cent., two days later at only 1.5 per cent., and at the end of eight days it had entirely disappeared. This case furnishes a striking example of the relapse of glycosuria after great mental excitement. Dietetic errors were strongly denied by the mother, and the ingestion of milk once in measured quantity could not have led to it, as the amount of sugar passed was greatly in excess of the lactose in the milk.

THE URINE IN DIABETES MELLITUS.

Complete analyses of the urine of children are seldom reported. Tyson records a case in a girl four and a half years of age who passed sixty-five to two hundred fluidounces of urine per diem, specific gravity ranging from 1027 to 1040, sugar fifteen to thirty-four grains per ounce. This child died at five years of age.

Purdy gives figures of an analysis made in one case which will be found under the caption "Reports of Cases."

I have been sufficiently fortunate to have the twenty-four hours' urine collected several times in one case of a boy of ten. The following is a complete report of analyses made by me: (See page 135).

The urine, then, fluctuated between 33 and 85 fluidounces; the specific gravity between 1028 and 1037; the sugar between $\frac{1}{10}$ and 5 per cent.; the urea between 195 and 540 grains per twenty-four hours; and the phosphoric acid between 25 and 40 grains per twenty-four hours. The greatest fluctuation was in the ratio of sugar to urea, which ranged from 0.2 to 1 to as high as 12 to 1. The first analysis was made three months before the fifth.

It is now more than a year since I saw the case in consultation. The patient is still alive and reported to be improving. Diabetic diet reduced the quantity of sugar but did not improve general condition of the patient, who is now on mixed diet, avoiding, however, sugar.

In the case of a girl of twelve years of age (analysis made by my assistant, Dr. R. W. Lane), the figures were as follows:

Urine for 24 hours, 1890 c.c., 93 fluidounces.

Urea, 23 grammes per litre.

Urea, 43 grammes per 24 hours.

Phosphoric acid, 1 gramme per litre.

First Analysis.	Second.	Third.	Fourth.	Fifth.
Volume of urine in 24 hrs. { 58 fl. ozs. 1750 c.c.	42 fl. ozs. 1250 c.c.	70 fl. ozs. 2000 c.c.	85 fl. ozs. 2550 c.c.	33 fl. ozs. 1000 c.c.
Day urine,	650 c.c.	1150 c.c.	1750 c.c.	. . . . .
Night urine,	600 c.c.	850 c.c.	860 c.c.	. . . . .
Ratio of day to night,	1 to 1	1½ to 1	2 to 1	. . . . .
Urea, grammes per litre,	27	11	5	29
Urea, grains per fluid ounce,	12½	5	2½	13½
Urea, grammes per 24 hours,	34	22	12½	29
Urea, grains per 24 hours,	540	350	195	450
Phosphoric acid, grammes per litre,	2	0.9	0.65	2.12
Phosphoric acid, grains per ounce,	1	0.5	0.30	1.
Phosphoric acid, grammes pr. 24 h'rs,	2.5	1.8	1.66	2.12
Phosphoric acid, grains per 24 hours,	40	28	25	32
Ratio of urea to phosphoric acid,	13 to 1	12 to 1	8 to 1	14 to 1
Sugar, grammes per litre, 40	. . . . .	36	58	6
Sugar, grains per ounce, 19	. . . . .	17	27	3
Sugar, grammes per 24 hours, 70	. . . . .	72	148	6
Sugar, grains per 24 hours, 1085	. . . . .	1116	2295	92
Sugar, per cent., 4	1-10th	3½	5	½
Ratio of sugar to urea, . . . . .	. . . . .	3½ to 1	12 to 1	0.2 to 1
Specific gravity, 1030	1028	1036	1037	1029
Acidity, Normal.	Deficient. Calcium	Normal.	Normal.	Increased.
Sediment, Uric acid.	phos. and oxalate.	. . . . .	Urates.	Uric acid.

Phosphoric acid, 1.89 grammes per 24 hours.

Sugar, 3 per cent.

Specific gravity, 1035.

Analysis made August 30, 1893; patient said to be losing flesh gradually, and sugar still present. (February, 1894).

Acidity.—According to Dérignac, the total acidity in diabetic urine increases with the proportion of sugar, with that of phosphoric acid, and that of urea. It always increases at the moment of the

appearance of attacks due to the presence of acetones. It constitutes, then, an important prognostic sign, and permits the physician to foresee these attacks, and enables him to overcome them by appropriate therapeutics.

Phosphaturia.—In two cases in diabetic children, Cerne noticed excessive phosphaturia, each case presenting foci of gangrene. Purdy mentions "excess of phosphates" in his case.*

Acetone.—This substance, and also diacetic acid, oxybutyric acid, etc., have already been mentioned.

PROGNOSIS.

The prognosis in children's cases is bad. Seventy-five per cent. of the cases observed by Stern died. Of seventy-seven cases traced by him to a termination, fourteen recovered, seven improved, four remained unimproved, and fifty-two died. It is worth while, however, to note that the prognosis is not so hopeless as older authorities would have us believe.

COURSE.

The disease runs a more rapidly fatal course in children than in adults, but the duration of the disease varies greatly. In thirty-four cases reported by Stern, the shortest died in two days, the longest was still alive at the end of five years; in seven cases death took place in one month, in all but one which recovered. Seventeen lasted less than a year, and of these, seven were cured. Ten lasted over a year, and not one recovered. As a rule, the smaller the child the quicker the course of the disease; exceptions have been noted: thus, a child of four died after two days of diabetes, and a child born with diabetes recovered in eighteen months.

Cases are reported by Prevost, Tyson, Deane, Henricius, Roberts, Kelly, Becquerel, Drummond, Anderson, Frew, D. P. Allen, Rachford, De Bary, and McCrea, which were fatal in the following time:†

Six days,	Seven days,	Nine days,	Eleven days,
Three weeks,	Six weeks,	Six weeks,	
Three months,	Four months,	Five months,	Six months,
	Nine months,		Twelve months.
Eighteen months, Eighteen months after observation.			

* It would be clearer if writers would specify whether they mean excess of P_2O_5 , or simply an abundant sediment of earthy phosphates. In the case which I saw there was neither condition.—C. M.

† Arranged according to time.

Kelly's case was a boy of ten, previously healthy, who died in eleven days from diabetes following over-exertion, profuse perspiration and cold. Drummond's case was a boy of seven, who died of diabetic coma five months after receiving a blow on the head.

Seegen classes children as examples of cases in which glycosuria continues regardless of food. In the case which I saw, however, rigorous diet diminished the sugar to a trace, for a time, at least.

Kühl finds two forms of the disease, one mild or slow, and the other severe, both terminating fatally. The latter is found among the poorer classes, which receive less and later medical attention.

TREATMENT.

Inasmuch as the chances for recovery are but slight, one in four at best, probably, the patient should have everything in his favor, and be very carefully handled, the urine examined frequently, and the closest attention paid to every little detail. Children with diabetes are notoriously fond of sweets, and often very sly in obtaining them. If diabetic diet at once diminishes the quantity of sugar to a marked degree, great fluctuations in the quantity of sugar during supposed adherence to diet should suggest that the child cannot be trusted. Dr. Purdy has called attention to the loss of moral sense in diabetics, and I think it good policy not to assume that a diabetic child will refrain from eating forbidden sweets merely because he says he will.

The first thing in the treatment should be gradual adoption of strict diabetic diet, watching its effect closely, and relaxing it if sudden onset of nervous symptoms occur. If not, the diet should be continued for several months, *to be gradually relaxed when the maximum good effect has been reached, and to be begun at once again when the improvement, if any, following relaxation, ceases*, other things being equal.

Dietetics, even in diabetes, is not an exact science, and must be used with observation both of the urine and of subjective symptoms. In general, however, reckless disregard of diet leads to rapid and unfavorable termination.

Diet in Diabetes.—The patient should begin the diet by cutting off saccharine foods, candy and the like; then, in a week, say, potatoes; next, desserts made of flour, together with sweet fruits; finally, all cake, cakes, and bread made of ordinary flour. It is well, I think, to cut off bread last of all; moreover, if it can be proved that cutting off bread and a purely animal diet do not reduce the quantity

of sugar perceptibly after a week's trial, if necessary, then I allow a little bread, in quantity not to exceed two ounces daily. Finally, animal diet, meats, eggs, fish and gelatin, if more liberal diet fail to cause sugar to disappear.

ARTICLES ALLOWED.

Clam-water.

Fish, without flour sauce. (No oysters, and no shell-fish generally.)

Meat soups, without flour or milk.

Meats.

Poultry, without dressing of bread or flour.

The following vegetables only: Lettuce, spinach, cauliflower, cabbage, olives, water-cresses, mushrooms, asparagus tops, cucumbers,

Eggs, poached, scrambled, soft-boiled; carefully-made omelet.

Cheese.

Bread and butter, if allowed (see above), two ounces of bread daily, that is, one small slice morning and evening.

Desserts: Blanc-mange, made of white of egg, beaten up and flavored with vanilla, sweetened with a little saccharin. Gelatin jellies sweetened with a little saccharin.

Nuts: Almonds, hazelnuts, walnuts, cocoanuts, Brazil-nuts.

Apples, which so many children eat so freely, are *not* allowed.

The question of milk-diet is still a mooted one. Jacobi says that milk, skimmed or not skimmed, forms a "principal and beneficial part of the diet" in diabetes in children.

Inasmuch as cases of diabetes in young children subsisting entirely or chiefly on milk are, as a rule, more fatal than those in older ones, it is difficult to draw deductions as to benefit from the use of milk. I should not advise it unless careful analyses of the urine are to be made to see whether it does not increase the output of sugar. In a case like that mentioned by Haig, where urea was deficient and uræmic symptoms coming on, under rigid diet, I should see no objection to its use, coupled with relaxation of the diet.

Waters and Beverages.—Waukesha, as Bethesda; Saratoga Vichy. If stimulants are necessary, whiskey, gin, Budai imperial wine.

Massage of the whole body is sometimes useful. It should not be too vigorous, and may be employed daily between breakfast and dinner. Schnée advises a weak solution of mercuric chloride in alcohol, with a little vaseline to be used in rubbing.

Electricity.—Electricity may be used in cases where there is great muscular weakness.

A diet which is intermediate between the rigorous one already advised and the ordinary mixed diet of every-day life, is recommended by McNutt as being, in his experience, better than the exclusive diet. McNutt's diet is as follows: The diabetic patient may eat—almond rusks, almond biscuits, gluten bread, gluten biscuit; stale bread (toasted) sparingly; bacon, butter, cheese, eggs, beef-tea, and thin soups; beef, mutton, game, and poultry; fish, oysters; cabbage, lettuce, string-beans, green peas, tomatoes, spinach, greens, olives, artichokes, asparagus; custards without sugar, jellies unsweetened; tea, coffee, cocoa without sugar; water, mineral waters, claret, milk, buttermilk, acid fruits, lemons, cherries, currants, strawberries, nuts.

I have, myself, tried such a diet in several adult cases* with apparent benefit.

INDICATIONS FOR REMEDIES.

Arsenicum takes first rank in the treatment of diabetes in children. Indications are as follows: loss of flesh, great hunger and thirst, pallor, loss of strength, tendency to gangrene, dryness of the throat and mouth, watery diarrhœa, dyspnœa on slight exertion. Treatment should begin with the third decimal trituration, three grains, four times daily, continued over a long period of time, the dose being gradually increased until one grain of the second decimal or its equivalent is given. *Arsenicum* should be given in the sixth decimal trituration in case aggravation occurs from the lower potencies, preferably also in the case of very young children and infants.

Lithium is undoubtedly of benefit in some cases. I have found it beneficial in adults and suggest a trial of it in the case of children. I have found nothing superior to it for relieving the rheumatoid pains which are sometimes very severe in connection with hyper-acid urine and uric acid sediments. I have used it in adults in the form of benzoate, in doses of from $\frac{1}{4}$ to 2 grains of the chemically pure crude drug, four times daily. For children, the first decimal trituration might be used. Fifteen- to 30-drop doses of lithiated hydrangea, so useful in larger doses for adults, should be thought of also.

Salicylate of Sodium has been advocated in the treatment of diabetes by Jacobi, Haig, and others, given with an alkaline water, like vichy or seltzer. Jacobi says that a child of five can take 5 to 8 grains (0.32 to 0.52 grammes) three times daily and continue its use

* See *Diseases of the Kidneys*, p. 383.

many weeks. Haig claims that it sometimes increases the urea-sugar ratio; in the case of a girl of eight, diabetic diet caused great fall in urea and brought on a lethargic condition; she was put by Haig on mixed diet and milk, together with 10 grains of salicylate, four times daily, and the ratio of urea to sugar rose. I am inclined to think, however, that the relaxation of the diet had much, if not all, to do with this matter.

Kreasote.—Heaviness, drowsiness, depression of spirits, head confused and dull; very severe chronic neuralgic troubles. To be given in the third decimal trituration.

Phosphoric Acid.—Of value when the case is evidently of nervous origin; when there is loss of fluids; patient is indifferent to all things; long-lasting diarrhoea. For thirst, potassium phosphate, two parts, in water 75 parts; teaspoonful three times daily in a little hot tea.

Uranium Nitrate.—Languor marked and general; excessive thirst. Useful in cases originating in gastro-intestinal derangement. To be given in the third decimal.

Jumbul.—This drug is still used extensively in adult cases. It is said not to be beneficial in cases where the patient is on mixed diet. I have no record of its value in the diabetes of children but should be inclined to try it where polyuria resisting diet was a feature. It might be given in grain doses of the seeds four times daily.

Other remedies often indicated from time to time in adult cases and hence not be forgotten in children, are bryonia, lactic acid, leptandra, podophyllum, aurum muriaticum, nitric acid, mercurius solubilis, graphites.*

MISCELLANEOUS NOTES ON TREATMENT.

Stern, who has seen a large number of cases in children, relies chiefly on dietetic treatment. Next to this he advocates the diet and bath at such places as Neuenahr, Carlsbad, and Vichy. Alkaline bicarbonates are the best drugs, though none are specifically curative.

Schnée claims to have cured four children, ages nine to thirteen years, one of his cases still showing no sugar five years after cure. His treatment was Carlsbad water, Turkish baths, internal remedies, and massage of the whole body. In the case of a girl of nine, cure was brought about by the use of Carlsbad water for two months in conjunction with Russian baths and wet sheet packings, massage of

* See Writer's *Diseases of the Kidneys*, 2d edition, Keener, Chicago.

the whole body and internal medicines. He does not name the latter but in another part of his work praises Bamberger's formula for corrosive sublimate-albuminate and potassium bichromate, using these remedies both internally and externally by massage.

Treatment of Diabetic Coma.—Preventive treatment, if possible, is the only one. Fatigue, especially that from travel, is to be guarded against; diet relaxed, and the bowels opened with castor oil. When patient begins to be drowsy and to have pains in the stomach give hot bath and make hot applications to extremities. Try also sodium bicarbonate in 10-gr. doses hourly.

Reports of Cases.—Inasmuch as diabetes in children has hardly received merited attention* it will not, I hope, be out of order to quote reports of the following cases found in the journals:

Dr. J. S. Thatcher exhibited a specimen of blood removed from a girl fifteen years of age, in the service of Dr. Beverly Robinson at St. Luke's Hospital. "About four or five months before her death she began to lose flesh and strength, and to suffer from great thirst. During the three months she was in the hospital the urine contained no albumin, and the daily average of sugar was from four to six per cent. She gained in weight slightly immediately after admission, but afterward lost flesh steadily. The day before her death she was up and around the ward; about ten hours before death she was found to be cold, and suffering from labored breathing, and three hours later, after a dose of morphine, she was found asleep, with a pulse of 130, and respirations 16 and very deep. About six hours before death she was seized with a tonic spasm, which lasted for about ten minutes, and was succeeded by coma which continued until her death. All the vessels in which any blood was found contained blood of white color, or of the pinkish hue shown in the specimen. In the heart there were some reddish coagula and a quantity of blood looking like coagulated milk. The occurrence of dyspnœa is interesting in connection with this fatty condition of the blood."†

In a clipping which I have from the *Therapeutic Gazette*, in which the name of the writer has been unfortunately torn off, occurs an account of the following case:

"This case at the Chelsea Infirmary was kindly placed under the treatment by Mr. Moore. It was of the so-called pancreatic type.

* Keating's *Cyclopædia*, for example, has but five pages on the subject, two of which deal with "ingenious" or "plausible" theories on the pathology, about which no one really knows anything.—C. M.

† *Medical Record*.

A boy, aged 13, whose father had recently died of diabetes, had suffered from symptoms of diabetes, before beginning this treatment, for six months. From January 1, 1892, he was placed on diabetic diet, and was given first codeine, from which he received no benefit, and then morphine, under which he improved. The zymin treatment, with diet as before, was begun May 18th. His general condition was bad; appetite not ravenous; thirst great; weight, five stone, ten and three-quarter pounds; quantity of urine in twenty-four hours about 99 ounces; specific gravity, 1036; sugar, estimated at 6.5 grains per ounce. Zymin was given in increasing doses, with the subsequent addition of sodium bicarbonate, and finally pancreatin pills, coated with keratin, were substituted. A daily record of the amount and specific gravity of the urine was kept, and quantitative estimates of sugar were made with Fehling's solution. The treatment was continued till August 21st, when he left the infirmary. Unfortunately, owing to deception on the part of the patient, and dietetic indiscretions, which caused diarrhoea on more than one occasion, many of the observations are valueless, and with the amount of comment necessary, would be out of place in this summary. What is certain is, that his general condition vastly improved, his weight increased $7\frac{1}{4}$ ounces, and thirst diminished. During the first ten days of treatment the amount of urine in twenty-four hours averaged 78 ounces, and for the last ten days before leaving it averaged 35 ounces, while the specific gravity for the same periods averaged 1036 and 1027 respectively. The first reliable quantitative estimation of sugar, made May 20th, gave 6.5 grains to the ounce; the last, made at the end of June, 4.5 grains. The boy was re-admitted November 5th, and is still in the infirmary. He is improving under opium, but has not reached the standard of last summer under the pancreatic treatment.

No definite deduction can be made from this case, owing to the facts, already mentioned, that he was improving at the time zymin was commenced, and the intractibility of the patient, while the summer weather and the continuance of restricted diet were in his favor.

Dr. W. D. Hamaker* reports the following case:

E. H., female, white, æt., 15 years; consulted me November 7, 1887, with the following history: She had the ordinary diseases of childhood; had had scarlet fever when two years old. No history

* *Therapeutic Gazette.*

of rheumatism nor of any fright or shock. She began to menstruate in June last; menses scanty and pale. No disease could be discovered on the father's or mother's side, except that one aunt had chorea.

In July she failed in health, and about two months before coming to me she began to have a ravenous appetite, with loss of flesh, great thirst and increased amount of urine. These increased rapidly, and on November 7th she presented great emaciation, pale skin, dry, fissured tongue and hay-like odor of breath.

November 8th.—She weighed 87 pounds, and the amount of urine in twenty-four hours was 36 pints, with a specific gravity of 1028, and giving a strong reaction with Fehling's solution. She was also troubled with pruritus vulvæ. I put her on $\frac{1}{24}$ grain of strychnine and 3 grains of ergotin t. d., and a strict diabetic diet.

November 14th.—Urine diminished to 12 pints, with specific gravity of 1026. Was able to keep her on the diet very easily. Thirst was much diminished.

November 21st.—Put her on three grains of carbonate of lithium and $\frac{1}{10}$ grain of arseniate of sodium per diem, dissolved in a quart of water. This is to be drunk at meal time. No other medicine was given, and the diet was continued as before. Not much liquid allowed, except a couple of glasses of milk and the water taken with the medicine.

November 28th.—Amount of urine per diem 11 to 12 pints in the last week; weight, 86 pounds; feels much better; thirst not marked; no pruritus. A large alveolar abscess opened to-day. General appearance of patient much improved.

November 29th.—Last night was the first night in which she was not compelled to rise to urinate.

December 1st.—Weight 87 pounds.

December 3d.—Arseniate of soda continued at $\frac{1}{10}$ grain per diem, but the lithium carbonate increased to 12 grains per diem.

December 8th.—Medicine and diet continued as before. Patient feels better and looks better; drinks very little.

December 13th.—Reduced liquids to one pint of water with the medicine. Allow no tea, coffee, apples or oranges, and as little water or milk as possible; weight, 87 pounds.

December 20th.—Strong and bright; specific gravity of urine, 1028. From November 28th to present date the amount daily has been from 9 to 12 pints.

December 24th.—Quantitative analysis showed 22 grains of sugar to the ounce. This was the only quantitative analysis made.

January 2d.—Weight, 87 pounds; specific gravity, 1022; general health improving. Patient has adhered strictly to diet and the treatment continued as before. A small piece of well-done toast was allowed twice a day, but immediately the urine increased in amount. The toast was stopped at once.

January 8th.—The daily amount of urine continues at 10 to 12 pints; specific gravity, 1022. Apparently she was doing as well as before.

I did not see the patient again till January 16th, when I found her almost comatose, with labored breathing; tongue and lips dry and parched; some pain in the chest and great deafness; specific gravity of urine, 1015; and strong reaction was shown on testing for acetone. Death ensued the following day.

In this case the new treatment was faithfully carried out in every detail for eight weeks, and until one week before her death there was apparent improvement; but the sudden change, the onset of coma, the presence of acetone and the other symptoms showed no difference from the termination of cases treated by the older methods.

My next case I shall treat in the same way; for we should give a fair trial, in so intractable a disease, to any method which promises to be successful in even a few cases."

Dr. F. C. Simpson reports the following:*

"John S.; boy; 3½ years old; parents living and healthy; neither parent showing any hereditary taint as to diabetes. I saw him on October 23, 1891; he seemed to be well-nourished and what I would call a fairly healthy boy. I gleaned from the parents the following history:

"The boy had for the past three weeks showed decided muscular weakness, increased urination and quite a thirst, drinking quite a quantity of water during the twenty-four hours. He also had a partial loss of appetite, which is contrary to the habit in the majority of these attacks. He was very fond of sweet things, and was allowed to eat freely of these, such as preserves, candy, etc. Upon inquiry, his mother thought that he must have passed about three and one-half pints to four pints of urine in twenty-four hours. He asked for water while I was examining him, and drank off a glass without stopping. I asked for a sample of his urine, which was sent me the next morning, the first he had passed after getting out of bed. Test of urine: Color, straw; reaction, alkaline; specific gravity, 1040. Upon adding the urine to Fehling's solution under heat, it turned a

yellow color, which was at once precipitated to a copper-red, showing conclusively that sugar was present. I afterward had a quantitative test made, and the report was about three grains of sugar to the ounce. At this time the boy's parents gave another chapter in the history, in which it was brought out that the little fellow had fallen down stairs (about fifteen or twenty steps) just before the time that they had noticed the symptoms detailed above. In the fall the boy did not become unconscious, and there was nothing more than a scare. He did not complain of any pain about the head; in fact, he seemed to be all right in a few minutes, and never showed any signs of after-effect.

"I made another examination of his urine at the end of a week, and found there was a slight decrease in all his symptoms and not as much sugar; specific gravity, 1030. His mother said he did not show as much thirst, and that the quantity passed was only three pints during the twenty-four hours. I had instructed her carefully to measure each quantity passed. I saw the child at the end of two weeks, and a sample of his urine showed a specific gravity of 1024. Fehling's test showed sugar in very small quantity. I had a quantity test made, and it showed only one grain to the ounce. His general health was greatly improved; thirst was not as great, and the quantity of urine was only two pints in the twenty-four hours.

"The treatment was ergot and bicarbonates, and this was the only treatment he received during the three weeks. He has continued to improve from the beginning of treatment, and at the end of four weeks the urine is normal. His general health is greatly improved, and I have made examinations of his urine every week, and found nothing abnormal. I consider the boy cured of his diabetes."

The following questions may be pertinently asked: What was the cause of this glycosuria? Was it due to injury of the brain induced by the fall, or was it due to the causes that produce diabetes we so frequently see in the adult? The nervous element was the predisposing cause, and the shock had something to do with producing the saccharine urine."

Leva saw a case in a girl of twelve, of healthy parents, nine months ill. It began, without known cause, with intense thirst, rapid emaciation, cramps in the calves, and soon intense glycosuria, polyphagia, polydipsia, polyuria, and malaise. On the fifth day after treatment was begun coma set in, and death followed in two days. Autopsy showed atrophied heart, atelectasis of deep portions

of the lungs, slight enlargement of the spleen, enlarged kidneys, and milky condition of the blood.

Shaffer reports a case of a boy of 14 years who had never been ill until on a certain date (December 27th) he was thirsty and passed much water at night. On January 4th he went skating. On January 5th he had dyspepsia, constipation, excessive micturition, and thirst. On the 8th there was labored respiration, mostly thoracic, with decided hebetude. On the 9th, at midnight, he was moribund, but rallied under stimulants and external applications. Temperature, 96° to 98°. He became comatose at 10 30 A.M., and died.

Watkins-Pitchford reports a case in a boy 8 years 9 months old, who, for a fortnight, had had dry mouth and throat; polyuria; urine, 1035 in specific gravity; no albumin, but sugar present. The pulse was 80 and strong. A few days after, being placed on diabetic diet, respirations doubled in frequency, but there were no physical signs. He vomited once or twice at intervals of a few hours, and the temperature was sub-normal. He died on the following day. During the twenty-four hours prior to death he passed 16 ounces of urine, of a specific gravity of 1040, strongly acid, plenty of sugar, and $\frac{1}{6}$ albumin. His mother had died, eighteen days previous to the beginning of the boy's illness, of phthisis pulmonalis.

Dr. C. W. Purdy reports the following case:

CASE 223.—B. G., December 31, 1888. Patient's age, 4 years and 3 months. His mother first noticed, in August last, that he was urinating very frequently, "wetting the bed" at night. About the same time he became very thirsty. He has recently lost considerably in weight. He complains of being weak and tired much of the time. His mother states that he urinates about every half hour. Careful inquiry fails to reveal any history of diabetes in the family, but tuberculosis is prominent. The patient has had no serious illness before, but he fell upon the floor of a car a short time before his present illness began, and sustained a severe blow upon his head. His urine to-day is clear; color, light greenish-yellow; acid reaction; specific gravity, 1033; and contains 20 grains of sugar to the ounce. The urine is free from albumin. The patient was ordered a diet of milk, meats, a little cracker, and some green vegetables. No medicines were prescribed.

January 3, 1889.—Urine to-day: specific gravity, 1025; sugar, 12 grains to the ounce.

February 4th.—Urine: specific gravity, 1030; sugar, 10 grains

to the ounce; no albumin; diuresis and thirst greatly diminished; he gives his nurse no more trouble at night from calls to urinate. The family physician now volunteered to cure the patient, and, as my prognosis was such as to afford the parents no hopes of recovery, the patient passed into the hands of the more sanguine physician.

October 14, 1889.—The parents of the child returned and requested me to resume treatment of the case. Examination of the patient disclosed extreme emaciation, great thirst, and diuresis. The patient had been permitted a mixed diet, including all fruits and farinaceæ, and, as a consequence, the disease had progressed at a rapid pace. Examination of the urine resulted as follows: color light; reaction acid; specific gravity, 1038; sugar present, 25 grains to the ounce; urea, .013 gramme to the cubic centimeter of urine (13 grammes per liter, 6 grains per fluidounce); phosphates greatly in excess; the urine is free from albumin; the patient seems tired, weak, restless, and has little or no appetite. He was put on milk, with a little bread, and quinine was ordered in 1-grain doses three times a day.

October 18th.—The appetite has somewhat improved, and the patient seems less weak. The urine to-day is clear; acid in reaction; specific gravity, 1033, and contains 25 grains of sugar to the ounce; phosphates greatly in excess; no albumin present; diet to be restricted almost entirely to milk; to continue quinine, 3 grains daily.

October 21st.—Urine, 4 pints; specific gravity, 1029; sugar, 18 grains to the ounce. To continue treatment as before.

October 28th.—The patient seems very weak; has little or no appetite. Urine to-day: specific gravity, 1033; sugar, 16 grains to the ounce; phosphates in excess; no albumin present.

November 4th.—Urine to-day: specific gravity, 1029; clear; acid reaction; sugar present, 12 grains to the ounce; phosphates in excess. To continue milk diet, with very little bread, and some green vegetables.

November 12th.—Urine: specific gravity, 1024; acid reaction; sugar, 10 grains to the ounce. The patient is weak; has little relish for food, and is troubled with slight cough.

November 24th.—The cough is better, and, on the whole, the patient seems somewhat stronger. Urine, 5 pints; specific gravity, 1028; sugar, 10 grains to the ounce; no albumin.

December 6th.—Urine is clear; color light; specific gravity, 1033; sugar, 10 grains to the ounce.

December 18th.—Patient began to complain of pains in his stomach and bowels, and to grow a little drowsy to-day. His respirations were somewhat quickened. He was given a hot bath, and hot bottles were applied to his extremities, and 10-grain doses of sodium bicarbonate were ordered every hour.

December 19th.—Patient is more stupid to-day; sleeps much of the time. The respirations have increased in frequency to 40 per minute; the temperature is 101° F. The abdominal pains have subsided. Toward evening the patient became more stupid and refused all food.

December 20th.—Patient died to-day in a comatose state, without convulsions.

SOURCES OF ARSENICUM ALBUM SYMPTOMS.

BY M. W. VAN DENBURG, A.M., M.D., FORT EDWARD, N. Y.

(Read before the Homœopathic Medical Society of the State of New York, February, 1891.)

THE group of symptoms at present gathered under the title of arsenicum album, when regarded from the standpoint of strict accuracy, cannot be equalled for unsatisfactory sources by any other pathogenesis in the homœopathic materia medica.

The acknowledged sources of the Hahnemannian symptoms consist of the following mixture of data. That is to say, symptoms arising from inhaling realgar; from drawing a solution of arsenic into the nostrils; from arsenite of potash in ague cases, many examples; from arsenite of potash in an epileptic; the black oxide of arsenic; arsenical vapors, a number of instances; powdering the hair with arsenic, several cases; suppression of ague by arsenic, many cases; arsenic applied to cancerous growths, repeated examples; "toxic cases, with various preparations of arsenic;" smoking arsenic with tobacco; cobalt poisoning; arsenic and cinnabar to the hair; miners of arsenical ores, many cases; arsenic to fungus of head; orpiment; arsenic applied in itch; arsenical charms; "fever drops;" arseniuretted hydrogen; symptoms after opium had been given as an antidote; symptoms after an anise-seed antidote. These are included in the reports of eighty or more observers.

With this conglomerate mass are incorporated the symptoms of eight provers, among whom was Hahnemann himself.

Until each symptom was hunted down and labeled by the indefatigable labors of Dudgeon and Hughes, they all stood on an equal

footing, save for a few notes and remarks of Hahnemann, which he had added to the text.

Under the title of arsenicum album, Allen's *Encyclopædia of Materia Medica* incorporates all the Hahnemannic symptoms, giving eighty-nine sources of authority, and quoting each source briefly. Added to these is a list containing references to one hundred and twenty-eight sources, each of which is only quoted by name, the preparation not being mentioned. Nine cases of poisoning by arsenical wall-paper finish the list.

Hering (*Guiding Symptoms*) gives a very brief summary of Hahnemann's symptom-sources, and then announces that mythical quantity, "the sum-total of symptoms." This counting up of items, many of which are repeated half a dozen times, as is always the case in every good index, and gravely announcing the number as if it was a fixed quantity instead of a most elastic one, is one of the absurdities perpetuated from the time of Hahnemann. The fundamental idea of an index is to place many items in the most convenient order for quick reference. The present plan of arrangement, or any other plan for that matter that would compass the same end, must be in the nature of an index. Hence, such fine splitting as this is too fine for practical purposes.

"At the commencement of sleep, in the evening after lying down, perspiration, which goes off during subsequent sleep," symptom 984; and "At commencement of sleep, perspiration, only on the hands and thighs, which goes off during subsequent sleep, and is not perceived any more after waking (after six hours)," symptom 985.

After symptom 985 is written, of what possible use is symptom 984? Had these two been in widely separated locations, drawn there by the necessities of ready reference, there would have been a valid excuse for writing both. There would have been no excuse even then for calling them two symptoms and authoritatively announcing the number as a fixed sum.

The *Cyclopædia of Drug Pathogenesis*, by its own admission, includes the following distinct drugs :

Arsenicum metallicum, As.

Arsenicum album, As_2O_3 .

Arsenicum iodatum, AsI_3 .

Arsenite of potassium, As_2O_3 , K_2O .

Arsenate of soda, Na_2HAsO_4 , $7\text{H}_2\text{O}$.

Added to these are, among provers, arsenical tartrate; among toxic

cases the following: "sheep-dipping fluid;" "fly-powder;" arsenical wall-paper; arseniuretted hydrogen; arsenic, followed by prussic acid as an antidote; arsenic, followed by anise-seed antidote; arsenic in syphilis; arsenic in psoriasis; and six cases (40 to 45 inclusive) with no data at all.

Why should these diverse drugs be quoted in a single pathogenesis? We distinguish by separate pathogeneses *veratrum album* and *veratrum viride*, two plants which many botanists are inclined to regard as identical or, at most, mere varieties of a single species. How can a pathogenesis, built upon the symptoms of totally distinct chemical compounds, commingled promiscuously, be expected to be reliable if there is any ground for the former distinction?

Hering says: "The administration of arsenicum is more frequently disappointing than that of any other drug in the *materia medica*. The cause of this lies in the too numerous collections of poisonings and the lack of symptoms produced by the higher potencies." He instances sulphur as an example of the other and better sort of pathogenesis.

In this, it seems to me, he is very much out of the way. The failure of arsenicum is much more likely to be due to the widely diverse compounds classed under one head—a fault begun by Hahnemann and perpetuated by all who have succeeded him.

Allen calls his pathogenesis *arsenicum album*. Hering calls his *arsenicum*. Both give, in addition, pathogeneses of the following in another place: *Arsenicum metallicum*, *arsenicum hydrogenisatum*, *arsenicum iodatum*, *arsenicum sulphuratum flavum*, *arsenicum sulphuratum rubrum*.

In addition to these the following are possible:

Arseniate of soda, arseniate of iron, arsenical wall-paper, arsenical tartrate, liquor potassii arsenitis, or Fowler's solution. Arseniate of iron and arsenical tartrate have barely a hint toward a pathogenesis. Arseniate of soda, arsenical wall-paper, and Fowler's solution have each quite extensive provings or toxic cases, one or both.

In conclusion, it may be said there are not far from nine distinct drugs, each a well-defined chemical substance, and about an equal number of nameless mixtures, compounds, and inferential drugs, included in the present pathogenesis of *arsenicum album*, in every homœopathic *materia medica* in existence.

It is small wonder, therefore, that Hering wrote: "The administration of *arsenicum album*" (by such a pathogenesis) "is more frequently disappointing than that of any drug in our *materia medica*."

VAGINAL HYSTERECTOMY.

BY J. H. MCCLELLAND, M.D., PITTSBURGH, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania,
September 19, 1893.)

THE elder Langenbeck performed about the first recorded hysterectomy in 1813. It was, in point of fact, an enucleation such as has been revived, or rediscovered, by Pratt, of Chicago, and which is exciting considerable interest at the present time.

Not meeting with much success the earlier operators allowed it to fall into disuse, and it is only since Freund, Czerny, Fritsch, Martin, Péan and others have revived and perfected the operation that it has become popular. Now, surgeons here, there and everywhere are doing the colpo-hysterectomy. All agree that the present success of the operation is largely due to the antiseptic methods of modern surgery. It becomes a question whether the simpler operation of Pratt can take the place of the more difficult one heretofore done. In carcinoma uteri, where it is necessary to remove every vestige of the uterus and its coverings, it is questionable whether this peeling-off operation is sufficiently radical; that is, whether you can get far enough away from the diseased tissues. One thing is certain, and that is that a complete hysterectomy should, in almost every instance, take the place of amputation of the cervix for carcinoma. Another point seems certain, and that is, that vaginal hysterectomy, however difficult, must take the place of abdominal hysterectomy in almost every instance, for even a greatly enlarged uterus may be delivered in this way. The scope of the operation, too, must be greatly extended. I am free to say that in cases of chronic metritis with inveterate displacement the entire removal of the organ will at times be justified. Péan does not hesitate to remove the uterus in many of these cases, and especially when coupled with intensely irritable ovaries which resist all other kinds of treatment. He even does his piecemeal hysterectomy for pelvic abscess, adhesions being no bar, in order to insure good drainage.

I much fear that if the enucleation operation proves the success it is claimed to be, it is very liable to be abused, as its facility of execution, and very moderate mortality, make it a most tempting procedure. The mortality in these operations has been wonderfully reduced by increased experience, and improvement of methods. In the first

published list of cases, that is before 1877, there was a mortality of 82 per cent. From that until 1884 the mortality had dropped to 32 per cent. Then until 1887 the mortality was reduced 24 per cent. Martin published a list, closing 1886, of 311 cases by different operators, with a mortality of 15 per cent. Now comes Leopold, Kaltenbach, D. de Ott and Péan with mortalities ranging from 5 to 2 per cent. When it is considered that in simple amputation of the cervix the mortality is equally great, and the immunity very much less in cases of cancer, it should not take us long to decide upon the major operation as nearly always to be preferred.

With this introduction I propose to report a few cases upon which I have recently operated as illustrating the character of cases for which I think the operation is justifiable.

CASE I.—Mrs. L., aged 32, white, native of United States. No-member 14, 1892. This was a case that had suffered from pelvic distresses of all kinds and descriptions since the birth of her child, some nine years before. She gave evidence of perimetritis, the uterus was retroverted and slightly adherent; she suffered from excessive menorrhagia; she had irritable ovaries; pains in the back, etc. Very despondent and nervous.

Hoping to improve the case by less severe measures I had curetted the uterus and repaired a bi-lateral laceration. She recovered from this very well, but after two months the symptoms remained, and she begged of me to remove the offending organ. After careful consideration I concluded to do this, and on November 14th I made the vaginal hysterectomy. The operation was after the Martin method principally; that is to say, the posterior *cul-de-sac* was divided across and the peritoneal edge united to the vaginal. The incision was now continued anteriorly around the cervix, and the tissues peeled back. The broad ligament of the left side was then successively sutured and cut from the side of the uterus, according to Martin, taking in the vaginal wall at each suture. The same plan was followed to divide the right side. Nothing but catgut sutures were used. The stumps of the broad ligaments were brought down and sutured in the vaginal incision. A pledget of iodoform gauze was placed for drainage and the vagina packed with the same material. This packing was removed on the third day and renewed. On the fifth day the vagina was douched through an open speculum. On the eighth day the drainage pledget was removed, and each day following the douche was continued through the open speculum.

There was no hæmorrhage and but little discharge of any kind.

About the end of fifteen days the wound appeared to be healed completely. At the end of two weeks more the woman was discharged, apparently cured.

CASE II.—Miss B., aged 49, white, native of United States. November 26, 1892. Has a history of repeated hæmorrhages which have been growing more profuse the last two or three months. Upon examination very little evidence of trouble was found, the cervix was not greatly enlarged and had no appearance of ulceration. I concluded to curette the endometrium when I discovered that a quantity of friable cancerous material filled the whole cavity. Concluding that this was a case calling for extirpation I packed the uterus with iodoform gauze after clearing out all diseased tissue possible, and, as I had not anticipated so serious a condition of things, I postponed any further operation until she and her friends could be apprised of the real facts of the case.

On December 8th, the operation of vaginal hysterectomy was performed under chloroform. Owing to the extreme narrowness of the vagina and vulva it was necessary to divide the perinæum. With considerable difficulty the uterus was removed, as adhesions had already taken place. The ovaries and tubes were also removed. The former were in a state of cancerous degeneration. The operation was done similarly to the preceding one, and the after-treatment was substantially the same. The recovery of this case was not quite so rapid, owing to the impaired condition of the general health, but on January 18th she was discharged, having entirely recovered from the effects of the operation, and the vaginal wound all healed.

I regret to have to add that within two months after returning home the cancer reappeared and developed rapidly, soon opening into the bladder and rectum. She rapidly declined and died within three months of the original operation.

CASE III.—Mrs. S. B., aged 44, white, native of United States. December 5, 1892. Has had three children, the last, thirteen years ago. Had been regular up to two years ago. Her health was fairly good till within four months she began to notice a watery offensive discharge. Examination showed ulcerating carcinoma involving nearly the whole cervix, and extending some little distance into the cervical canal.

She agreed to an operation, and on December 5th the operation was performed under chloroform. The Martin operation was again performed. It was found that the right ovary was atrophied, but

the left was as large as an orange. These were both removed, and the various steps of the operation and dressings were made similar to the preceding. The treatment of the case was similar to the preceding ones and her recovery was uneventful. She was discharged on the 18th of January perfectly well, and has remained so ever since.

CASE IV.—Mrs. M. D., aged 49, white, native of United States. May 16, 1893. Has complained for a year or more past of burning pains referred to the cervix uteri, and has had some offensive discharge.

Upon examination the cervix was found very much indurated and enlarged, giving off an offensive discharge. Diagnosis: carcinoma of the cervix. Under chloroform, the Martin operation was performed on this case, and both ovaries removed. The dressings were made similar to the preceding ones, subsequent treatment of the case was the same as the others, and she was quite ready to be discharged at the end of the month. She, however, was not feeling in good general health and preferred to remain until July 11th, when she was discharged without any evidence of her former distress.

ARBORIVITAL MEDICINE.

BEING AN INQUIRY INTO THE CURATIVE POWERS OF SOME OF
OUR COMMON FIELD AND GARDEN PLANTS, JUDGED
OF BY THE DISEASES OF THE EAR.

BY ROBERT T. COOPER, M.A., M.D., LONDON.

(Continued from December, 1893.)

VIOLA ODORATA. LEMNA MINOR.

IN my last article on *viola odorata* a case is given where: "Ear discharges profusely and general improvement sets in after *viola odorata* & A in a child of seventeen months who had been affected with recurring otorrhœa from birth. Noises in both ears with deafness disappeared"

I return to this case to lay stress upon the fact that two other children of the same parents, were said to have died from discharges of the ears coming on in the same unaccountable manner; and also to substitute in the last sentence of this paragraph for the word "Noises" that of "Discharges"—both ears having been subject to

discharge, the right being the worst. The next day after *viola odorata* a great deal of green nasty smelling discharge came from the right ear with immediate improvement in the condition of the child; from being drowsy and listless she became bright and intelligent.

This case goes, I think, to confirm more pointedly than report would indicate the influence of *viola odorata* upon the lateral sinuses.

Since writing the article referred to I have treated a case of additional interest in connection with *viola*, one which had been diagnosed by an oculist of reputation as due to chronic choroiditis. The case came under my care in this way. During my summer holiday when staying in North Wales, prompted by a sense of racial respect, I started with my son upon the unusual and lugubrious occupation of making pilgrimage to the shrine of my great grandfather.

My dear old ancestor's carcase, it may be interesting to know, has peacefully lain since the year of our Lord 1797 upon a gentle slope overlooking the Vale of Clwyd, in an unpronounceable churchyard. Let us hope his descendant, like him, when the time is up, *Requiescat in pace*.

The church and its surroundings is under the careful and devoted charge of a dear old rector; who, though well beyond the Psalmist's allotted age of man, lives in terrestrial bliss with his only daughter.

The latter on the day of our visit had passed a time of much suffering, and had had much difficulty in appearing at afternoon tea; for the last twenty years she had been subject to attacks of fearful headache, which began suddenly and without, as far as she could tell, any assignable cause.

The symptoms for these twenty years have not undergone much change; always a throbbing under the right temple and under the right eye, sometimes flying over to the other side for a short time before going away. Sometimes gets an attack in every week and sometimes one in two or three weeks, and occasionally in the course of these twenty years has had freedom from an attack for as long as two months. Has been under several country doctors, and several years ago was under our Mr. Ayerst, whose treatment for a time improved her. After that was under a very prominent consultant, who attributed the attacks to weakness, and gave strong tonics and ordered freedom from fatigue and plenty of nourishment, which benefited for a time.

Oculists also have been consulted from time to time owing to the

disturbance of vision, and one prominent oculist declared the case to be undoubtedly one of choroiditis, and likely in time to cause deprivation of vision.

There is not much catamenial disturbance; though the last seizure was worse than usual and seemed aggravated by period being before time and excessive. About the 30th of August I gave a dose of camphor bromide 3x without any demonstrable effect; and on my return home, about the 11th of September, I sent a powder of *viola odorata*, φ A.

A letter received dated October 2, 1893, will explain the result. "Dear Dr. Cooper, I took the powder you kindly sent me the morning it arrived as directed; the next day I had a headache, but not in the usual place under the right temple, but quite on the top of my head; the attack only lasted one day, and I have not had a seizure since. I am hoping the powder has evicted the pain from its old domicile, and trust this is a favorable symptom. There are only two symptoms in connection with my eyes: occasional irritation and pain through the eyeballs. When the weather is light and dry my sight is fairly good, but on dull wet days there is a good deal of dimness, sometimes the print of a newspaper or book appears blurred. Mr. G—— the —— oculist says my eyes are very much diseased and that they are covered internally with spots; also that there is more disease in the right but less light in the left. He states that the disease is caused by delicate health, and that the headaches are brought on by the state of my eyes. . . . I have nearly been dosed to death, I am perfectly sure I have taken enough physic to stock a small shop. Many times I was reduced to such a state of weakness by powerful medicine that I could scarcely stand." The date of the above letter was October 2, 1893. On my subsequently making inquiry as to the eye symptoms I received, on the 19th of October, the following letter. "Dear Dr. Cooper: Many thanks for your letter. I intended writing in a day or two. I thought I would wait a little while to see how my head would behave; it *tried* to ache last Monday, but I am glad to say it failed. I had just a few twinges in the morning—after breakfast I was all right. I have been really wonderfully well lately and free from pain; and thanks to your kind treatment I have had a fine time as far as my health is concerned. I think my sight is better, for I never suffer from irritation nor pain in my eyes; at one time the irritation was almost distracting; and there is not so much dimness of vision when the weather is dull and cloudy. I can certainly see far better

to read and write than I could in the summer. Some months ago I was constantly leaving out words or letters owing to my sight.

"I cannot assign a reason for this improvement except increased strength under your kind care. I really do not know how to express my thanks. Life was at one time almost a burden, I was so often down with headache, and generally the visitation lasted for several days."

In connection with the above case I would draw forcible attention to some of the symptoms in the proving of *viola odorata*, as showing a decided "pitch" upon the interior of the eye-ball: "Oppression in the eye-ball; heat and burning the eyes. Fiery appearances before the eyes. Stinging in the eyes. A fiery semicircle before the eyes."

LEMNA MINOR, the common duckweed; natural order, aroideæ, or, according to some botanists, pistiaceæ.

"The lowest form of phœnogamous vegetation. It consists," says Lindley, "of lenticular floating fronds, composed of stem and leaf together, and bearing the flowers in slits in the edge." It forms the green scum found on stagnant ponds and dykes. It is found in two varieties, the *lemna minor* and the *lemna gibba*. In the specimen experimented with, both were found growing together.

Before going any further I may as well at once make a bald as well as a bold statement, and say that the special province of *lemna minor* is to pitch with vigor upon the nostrils; from the very moment I began prescribing it, this was beyond question evident. I can think of no possible source of error except that this beneficial action may be due to the germs adhering to the fronds of the *lemna* rather than to the pure plant-force.

To guard against this I have carefully filtered my tincture, but this has not made the slightest change in its beneficial influence.

Case I.—Woman aged 74; admission date, Sept. 24, 1892. Nose never clear; breath very unpleasant; for 12 hours nose bled continuously last Christmas; unable to smell properly; hearing for the past seven or eight weeks bad; watch not heard on contact. Prescribed *lemna minor* φ A. Oct. 1, 1892: Feeling of cold in the nose is better; sense of obstruction nearly gone; can smell better; hears on contact on both sides; no medicine. Oct. 22: Decided, though slight improvement in hearing; nose, throat, and all the parts around more comfortable. Last attendance.

30^A GEORGE ST., HANOVER SQUARE, LONDON, W.

[TO BE CONTINUED.]

ORGANIC DISEASES OF THE HEART.*

BY H. B. GARRIGUES, M.D., MASSILLON, O.

POSSIBLY, the best definition of the words organic heart disease is the following: "A disease of the heart, characterized by structural changes in the organ itself." These diseases are located in and about the valves and openings, as well as in the walls of the heart, and take their names either from the part affected, or the result of the affection, in the shape of some prominent symptom or change, as valvular lesions, hypertrophy, dilatation, atrophy, fatty degeneration, regurgitation, etc.

Inflammation seems to be the primary cause of nearly all organic heart troubles. We find endocarditis nearly always associated with the presence of a morbid poison in the blood, such as rheumatism, Bright's disease, pyæmia, septicæmia, scarlatina, small-pox, etc.; this inflammation resulting from direct irritation of the interior of the heart by poisoned blood; the natural result of having this inflammatory condition prolonged being, in many cases, a deposit, principally of fibrine, on the lining membrane of the heart, which in time penetrates into the substance of the valves and into the walls of the heart. The valves and other portions affected become swollen, the seat of pain, and lose in a measure their flexibility and shape from having undergone, along with the surrounding tissues, this morbid change, the valves being thus prevented from closing the orifices they stand guard over.

The openings, influenced by inflammation through a process of œdema and infiltration, tend to close or contract. When this occurs on one side of the heart alone, the even distribution of the blood is correspondingly affected. Fortunately, however, we have once more to thank nature for the noble effort she makes, under these circumstances, to maintain the balance in the circulation through the tendency of the heart to accommodate itself to its altered condition by partial or entire enlargement or hypertrophy.

As long as the flow of blood is not materially impeded, but few symptoms will appear. When this does occur, the heart increases its efforts, often gradually increasing in size as more power is needed.

* The principal authors quoted and referred to are Gray, Foster, Roberts, Flint, and the works of E. M. Hale and Baehr.

The heart is naturally a powerful muscle, and may enlarge from extra work, as will the biceps muscle of the arm. I might add that conditions of the blood, other than inflammatory, may develop hypertrophy, atrophy, or fatty degeneration. Such cases are, however, exceptional.

A careful survey of the mechanism of the heart would lead us to infer that the valves and the lace-work of delicate cords and tendons on which they depend for help would, during the constant work of a lifetime, become oftener affected; also that these tissues would be among the first to take on morbid changes in case of organic heart disease; and this has proven to be the case, as we find valvular lesions the most frequent to occur; and among them, especially in adult life, those disease affecting the *mitral* and *aortic* valves and openings the most common. These troubles bring about many changes, both in the general circulation as well as in the heart itself. A constriction of the openings will limit the supply of blood surely; while a failure of the valves to fulfil their office will favor the occurrence of regurgitation; while the heart, as a whole, endeavors to lessen the trouble by a process of compensation or changing of the work from one portion to another.

An obstruction of the opening, guarded by the mitral valves, will cause the pulmonary veins to become distended and affect the circulation of the lungs, so that exercise will cause troubled breathing and dyspnoea.

The pulse will vary when arterial tension is diminished by mitral obstruction, because the quantity of blood supplied the left ventricle is limited, and from it the aorta and general system. We thus find, from mitral obstruction, a weak pulse, often intermittent and irregular, as the quantity of blood expelled from the left ventricle varies.

Aortic obstruction, caused by organic disease of the semilunar valves or the aortic opening, is, from the peculiar arrangement of the muscular fibres of this part of the heart, likely to develop an hypertrophy. A prominent symptom of this condition is the powerful blows of the heart against the chest wall during the systole, while at the same time the radial pulse is weak, showing that the blood does not reach it in such quantity as the tumultuous heart's action would indicate. Aortic troubles, as regurgitation, may be first excited by violent exercise, and are apt to occur much easier at every violent effort. What a warning to be moderate in the practice of modern athletics, especially bicycle riding, as over-distension of

the ventricle has been known to cause paralysis and death. These patients are said to be much more apprehensive and anxious than those affected with mitral troubles.

Organic diseases of the right side of the heart are rare and, in most cases, congenital. Tricuspid and pulmonic lesions do occur, however, and are characterized by impeded respiration and a tendency of the blood to *back up* in the venæ cavæ, thus inducing diseased conditions in many of the abdominal viscera.

Regarding the signs by which the principal organic lesions are detected, I desire to speak of the importance of grouping the actual heart symptoms with those found in other parts of the body; for instance, the relation of aortic lesions with the radial artery and the carotids, so far as pulsation is concerned. The murmurs, in this case, are naturally systolic, as they are caused by the contraction of the heart as it drives the blood out of the ventricles.

The systole, first sound of the heart, and pulsation of the arteries are all so closely related and represent the work of the ventricles so closely, that after we have proven the existence of a lesion intimately associated with them we are reasonably certain that the disease is located at the outlets of the heart, viz., at either the junction of the aorta and heart or of the pulmonary artery and heart; and we are doubly sure of this if the manifestation is accompanied with a systolic murmur.

The diastolic murmur, coming on directly after the systolic, during the interval of rest or *passive interval* in the heart's beat being mainly confined to the openings within the heart, viz., auriculo-ventricular openings guarded by the mitral and tricuspid valves, and is caused by mitral or tricuspid derangement. Valvular insufficiency causes a variety of currents to be set up *within* the heart through the efforts of the blood to escape from one cavity to another; abnormal conditions are brought about as well in the general circulation during this period of muscular relaxation in the heart's action. This explains the mechanism of regurgitation; it is also the frequent cause of dropsy and many other systemic troubles which are accompanied with sounds or murmurs characteristic of mitral or tricuspid disease.

When the valves of the heart are diseased, so that they cannot fulfil their office of cutting off and confining the blood to its natural cavity or channel, it becomes plain that, during or immediately following the contraction of the heart or systole, *the blood must get out of the heart* or at least out of the cavity in which it is confined. We

thus find, under these circumstances, a portion of the blood forced back into the auricles, and from these back either upon the lungs or general circulation, this condition giving rise to symptoms of pulmonary congestion, albuminuria, etc.

Physical examination is the only positive means of determining the presence of organic heart disease. These examinations should always be carefully conducted. They are very important when examining for life insurance. Try to fully exclude functional disorders. The history and general condition of the patient are important points. Ask yourself whether the *outlets* or *inner openings* of the heart are affected. If so, which one of them is it? and what is the matter? what is to be done? The chest wall is the map; scan it carefully; persevere in your search until you find the place sought after, viz., the point giving you the most information.

Carefully note the impression conveyed to the palm of the hand placed over the cardiac region on the *bare skin*. The *chest* sounds, to the educated ear of an expert, speak volumes. If murmurs are present, they should, by a series of efforts, if one is not sufficient, be associated with either the *first* or *second* sound of the heart, as in this way most certainly can the lesion be located. Always be alive to the necessity of giving due importance to pericardial murmurs if present, and always bearing in mind the fact that abnormal heart sounds may be present that do not indicate the presence of danger.

Associate the murmur and abnormal heart symptoms with the condition of the rest of the body, and I think you have the key to the situation.

As organic diseases of the heart are generally slow to develop, they may exist for a long time with but slight inconvenience to the patient. These troubles are, however, always grave, and in the consideration of them we are brought face to face with most important questions, such as the probable duration of life, the selection of proper medicines, and general advice, which may be of use or not, as it is followed. My reason for saying the above about advice is this: In no class of cases do I think it is so foolhardy for the patient to insist on doing the things of every-day life that the physician advises him to abstain from, and in no class of cases have I seen them, the patients, so obstinate and wilful.

The wonderfully close relationship existing between the heart, the cerebro-spinal and the great sympathetic nervous systems, have led many to attribute mental phenomena to the heart. E. M. Hale touches this point in his work on *Diseases of the Heart*, pages 31 and 32. He says:

"It is my conviction that but few physicians have realized the importance of the subtle relations of the brain or mind with the heart, or appreciate the connection between the soul and that centre of physical life. We might go so far as to assert, that as there is a corporeal heart, which is the life-giving centre of the body, so there must be a spiritual heart, which is the centre of soul life; else, why do we continually use the word heart as applied to the feelings, impulses and emotions. We say such an emotion comes from the heart. All the grand, noble, loving and impassioned impulses of our nature are said to come from the heart, while the cold, unemotional, and more practical acts are said to emanate from the brain. As a rule, what is deeply rooted in the natural expressions of the people has its origin in truth."

James J. Gregory, M.D., *Medical Record*, August 5, 1893, says: "The Chinese locate the mind and soul in the heart. When the physician feels the pulse, everybody in the room becomes quiet and looks on with reverence, as the doctor is supposed to be communing direct with the spirit (good or evil) of the patient."

It seems strange to find Dr. Hale taking such a position, which is surely vague and misleading, even if it is a common figure of speech among the laity. For we well know that mental phenomena emanate from the brain alone, the heart being affected through its relationship with the brain by means of nerve transmission, the result being purely sympathetic.

Treatment.—One prominent writer says: "The result of treatment in organic diseases of the heart is variously estimated. There is no doubt but that some cases are benefited." If some influence, medicinal or otherwise, can be brought to bear on the *cause* of the trouble, many cases could be relieved, as the removal of an obstruction to the circulation would remove a condition that had caused a hypertrophy, or proper food and change of habits, with well-selected medicines, as *Phytolacca decandra* may greatly improve fatty degeneration; and it is not impossible that care, time and proper cardiac remedies may do much toward inducing the absorption of deposits of fibrin, and removing other results of inflammation.

Case from practice: The symptoms, in my opinion, were produced by aortic regurgitation and valve-lesions, followed by slight hypertrophy.

Lady, age 60, medium height, light complexion, previous history of general debility and malarial fever. The prominent symptoms were a vague, undefined feeling of distress in the chest, with mental depression and general anxiety; shortness of breath, a pinched, pale face, an inability to lie down, because of being afraid of smothering.

Patient would sit up in bed at night, leaning the elbows on her knees, or on a small bench placed in front of her on the bed. Required pillows packed in behind her back and head most of the time. Dozing a few minutes, when the head would fall forward, or to one side, then awakening with a start, or call for help, this being repeated many times throughout the night. Albumin in the urine, which varied in quantity at times, the albumin finally disappearing. Constipation; almost complete loss of appetite. Eyes sunken, with dark circles around them. An occasional paroxysm of very severe pain, and restlessness, more marked than the others, almost resulting in unconsciousness, and lasting from a few minutes to half an hour. Swelling of the limbs, especially of the feet and ankles. Pulse very irregular, weak and uneven, distinctly intermittent, and ranging from 100 to 140 per minute. The condition of the pulse, as compared with the heart, was to me a valuable source of information. A short, sharp cough, with but little expectoration, was present most of the time. The murmurs were systolic in character, coming with the first sound of the heart, probably caused by the effort of the blood to escape into the aorta or pulmonary artery.

The treatment in this case consisted of *cactus grandiflorus*, *spigelia*, *aconite*, *gelsemium*, *digitalis*, as indicated, essence of pepsin (Fairchild's).

Liquid peptinoids, and as a stimulant some very good whiskey, to be taken diluted with water as occasion required.

Ammonia crystals in a small wide-mouthed bottle as an inhalant.

By the advice of my friend Dr. A. P. L. Pease, of Massillon, O., I gave my patient during the last four weeks of treatment, two two-drachm vials filled with the following tablets, about fifty in each.

No. 1.—Marked *Emergency*, contained, nitro-glycerine $\frac{1}{100}$ grain.

No. 2.—DaCosta's formula (each tablet contained, *Tr. digitalis*, m. ii.; *Tr. Strophanthus*, m. ii.; *Tr. belladonna*, m. $\frac{1}{4}$).

The No. 1 tablets I ordered to be given as follows: One in the early morning, and one at bedtime, unless a severe paroxysm of pain, night or day, in which case to take one.

The No. 2 tablets, one to be taken every three or four hours during the day.

The utmost care in diet, nursing, and general surrounding, after a period of about three months enabled my patient to improve so that I sent her to the country. She is now enjoying moderately good health.

Dr. Hale in his work on *Diseases of the Heart*, speaks of caffeine giving Tanret's formula as follows:

R. Caffeine,	grs. 105
Benzoate of soda,	grs. 105
Water,	f℥viiiiss.—M.

Sig.: One teaspoonful three times daily.

And also mentions baryta as especially useful with old people troubled with senile fatty degeneration.

If we can cure cases of endocarditis before structural changes take place, we are surely doing good work, as these changes are so difficult to relieve after becoming established. *Adonis vernalis* is highly recommended in cases of endocarditis, the indications for its use being much the same as for digitalis, convallaria majalis—Lily of the Valley.

Dr. Hale says only a preparation made from the flowers is of value in heart troubles, as follows :

R. Convallaria maj.,	. . . . .	grs. x.
Water,	. . . . .	f℥vi.
M. ft. infusion.		
Sig. : Tablespoonful, morning and evening.		

The indications for its use are: Cases of mitral insufficiency, with or without stenosis. Hale continues: "We cannot expect to remove with this drug actual structural diseases, but *we can* give great comfort to the patient, and prolong life indefinitely, if we use it with caution and discrimination."

Glonoin—nitro-glycerine the emergency remedy—or pick-me-up, in heart troubles is highly recommended, either singly, or in combination with digitalis or strophanthus.

I will say in conclusion* that in no field of medicine that I have ever investigated have I found so much of value, due solely to the hard work of representatives of homœopathy, as in the many valuable medicines they have given us for the treatment of organic heart diseases.

DIPHTHERIA.

BY HORACE STILL, M.D., NORRISTOWN, PA.

(Read before the Homœopathic Medical Society of Chester, Delaware, and Montgomery Counties, Pennsylvania.)

THIS may be defined to be a specific contagious asthenic disease, which sometimes prevails as an epidemic, and is endemic in some localities. It is characterized by the exudation of a false membrane

* I have failed to discover any mention of the hypodermic use of many valuable heart remedies as nitro-glycerine, digitalis, strophanthus, cactus grandiflorus, spigelia, etc. I would think, however, that tablets properly prepared as to dose and solubility would be very useful.

on the mucous surface of the soft palate, uvula, tonsils, pharynx, larynx, and trachea; or, it may involve the posterior nares and Eustachian tube; or, it may appear in more remote localities. Together with this false membrane, there is more or less marked prostration of strength, albuminous urine, sometimes a cutaneous eruption, enlargement of glands, and, where the larynx and trachea become involved, the distressing croupy symptoms appear; these, together with other symptoms, known to all, constitute a picture of the disease; but, rather than a more extended description of the history, ætiology, etc., of the disease, it is the treatment which, it seems to me, is of the most interest to the homœopathic physician; and, right here, let me say, it is in this disease that some of the greatest triumphs of homœopathy have occurred; while, on the other hand, the mortality on the part of the old-school is large, the treatment unsatisfactory, as is evinced by the utter want of well-accredited and successful measures, and their constant seeking after something which will destroy the so-called micrococcus diphthericus, and thus, as they mistakenly suppose, cure the disease.

There is, I believe, only one true way of curing an individual afflicted with symptoms which are termed diphtheritic, and that is by *strict adherence* to the homœopathic law of cure, founded upon the three (3) fundamental principles: 1. The similar remedy. 2. The single remedy. 3. The minimum dose. There is no one specific for diphtheria, but every case must be carefully and patiently individualized.

Remedies—*Ailanthus g.*—Diphtheria with scarlatinal complications; where there is a livid and swollen throat and tonsils, studded with numerous deep, angry-looking ulcers, exuding a scanty, fœtid discharge; livid, purplish appearance of skin; semi-conscious or entirely insensible.

Ammon. caust.—Especially in diphtheritic croup—marked hoarseness; low, husky cough; suffocative spells, with great anguish; breathing becomes rapid; pulse rapid, feeble, wiry; the whole throat covered with white exudate, with *intense pain in throat*; great difficulty in swallowing; great weakness and prostration, not in proportion to *short duration of disease*.

Apis m.—This remedy, as you well know, is so highly recommended by Jahr in his forty years' practice, as to lead one to believe it to be a specific for nearly all cases; it does not, I think, occupy any such position in the homœopathic materia medica, but should be prescribed only according to well-defined indications; there is

marked debility from the beginning; throat presents a varnished appearance; membrane is of a dirty, gray color, and although the parts are highly inflamed, there is comparatively little pain; uvula often becomes cedematous, and looks as if filled with water (*kali bi.*); the margins, and a little beyond the membrane, are fiery-red and shining, and this fiery margin moves as the membrane increases; pain in ears when swallowing; often, a stinging pain in throat between the acts of deglutition; throat externally often puffy and swollen; thirstlessness; often a sensation of swelling of lining membrane of throat; sense of suffocation; can bear nothing about the throat; skin perspires and dries up in starts; urine scanty, albuminous.

Arsenicum iod. has been recommended where the deposit extends even to the outer edge of lips; fœtid breath, short, difficult respiration; marked adynamic symptoms; glandular enlargements.

Aurum triph.—Mouth burns and is sore, so that they refuse to drink; discharge of burning ichorous fluid from nose, excoriating upper lip; nose stopped up, and they can only breathe with mouth open (this is the case with or without discharge from nose); picking at lips and nose, making them bleed; fœtid breath; sensation of something hot in throat; hæmorrhage from nose, mouth, and throat—for this last symptom, which is a dangerous one, aurum is an important remedy.

Ignatia.—This remedy, as you are aware, was first introduced in the treatment of diphtheria by Dr. Boskowitz, of Brooklyn; it was subsequently used by Dr. W. C. Slough, in an epidemic in Lehigh county, this State, with marked success, and in a high potency. The symptoms characterizing this epidemic were, "green vomiting; putrid throat, seldom painful (the painful cases were less likely to prove fatal); greenish-yellow patches; delirium; headache; green stools; suppression of urine; sometimes chilliness, sometimes high fever." This remedy is most likely to be useful where the right side is affected, although the exudation may be on both sides; high fever with delirium, characterized by fearfulness or dread; *aggravation* when not swallowing (between the acts), and when swallowing liquids; *amelioration* when swallowing food.

Kali bi.—When the exudation extends to bronchia, there is croupy cough, tough, viscid expectoration, which can be drawn in long strings; on swallowing, pain shoots into ear of affected side; sharp shooting pains in left tonsil, better by swallowing; all throat symptoms worse on putting out tongue.

Lac. can.—One side of the nose stopped up, the other free and

discharging thin mucus at times, and thin blood; first one nostril stopped up and the other clear, and *vice versa*; fluids escape through nose while drinking; acute pains change from one side of throat to the other; diphtheritic membrane white like china; pulse weak and rapid. Often useful after lachesis.

Lachesis.—Commencing on left side, and goes to right; aggravation from empty swallowing, less from liquids, relief from solids; aggravation from warm drinks after sleep, from least touch of throat; sometimes delirium, which is characterized by great loquaciousness.

Lachnanthes t.—Useful in cases of stiffness of neck, and head drawn to one side, during or after attack.

Lycopodium.—Disease commences on right side and goes to left; unable to breathe through nose, so that they are obliged to keep mouth open with tongue partly projecting, producing a silly expression; wing-like motion of *alæ nasi*; on awaking from short sleep patient is often cross, or will jump up in bed and stare and not recognize anybody; hot drinks make throat smart.

Merc. cyan.—A very important remedy in putrid forms, likely to begin in nostrils and spread downwards; grayish, leathery exudation; much salivation, great fœtor, excessive prostration and danger of collapse from commencement.

Merc. prot. iod.—Worse on right side; thick, dirty-yellow coating at base of tongue; tenacious mucus in throat; glands swollen; aggravation from warm drinks.

Merc. bin. iod.—Worse left side; swallowing of both fluids and solids painful; exudation limited, transparent, easily detached.

Nitric acid.—Membrane on fauces, and extends to nose; stoppage of nose, or corroding discharge from nose; terrible fœtor; swollen parotids; pain as from splinter in throat; intermittent pulse.

Naja tri.—Patient grasps at throat, with sensation of suffocation; must sit up; breath fœtid; short, hoarse cough; blue appearance of skin; pulse intermittent, thready, threatening cardiac paralysis. This remedy was used by Dr. M. Preston in an epidemic, in Norristown, some years ago, with very marked success; it seemed to be the epidemic remedy, and the deaths under its use only aggregated some three or four. (Number of cases treated not given.—Eds.)

Phytolacca d.—Dirty wash-leather membrane; mucus hawked with difficulty from posterior nares, from which it hangs down in strings; fœtid breath; severe aching of head, back, and legs; great prostration, with faintness on rising.

These are remedies which I have used; more particularly, others

might be mentioned, as—ars. a., bapt., bell., brom., cantfl., capsic., kali. per., kali pho., sul. ac., sul.—which, being given according to well-defined indications, will cure the patient, where that is possible.

As to post-diphtheritic paralysis, my experience is exceedingly limited; various remedies have been recommended as they are indicated, am., caust., gels., lach., nux v., phos., secale, and others. As to the so-called adjuvants, I do not use them, as I do not believe them necessary. On the other hand, I do believe the homœopathically indicated remedy all that is necessary to bring about a restoration of health to the sick.

TREATMENT OF NASAL OBSTRUCTIONS.—Spitzer discusses the treatment of nasal obstructions. In cases of hypertropic rhinitis he prefers weak reagents such as iodine and iodide of potassium to the ordinary astringents. In more severe cases associated with induration he recommends chromic and trichloroacetic acid preceded by the application of cocaine. By this method only small tracts should be taken in hand at one sitting. The galvanic cautery is also applicable with the same precautions. After such treatment he closes the orifice with a cotton wool plug, which is retained for twenty-four hours, and otherwise enjoins rest of the nose. Among foreign bodies he mentions the occurrence of large quantities of fly larvæ which must be removed with a hook. Adenoids he separates from their attachments by means of Gottstein's circular knife, and he considers the removal with the finger insufficient. In conclusion, he condemns the modern anxiety to operate on the nose with saws, chisels, etc., which should be resorted to only when absolute necessity exists, owing to the frequently occurring sinus thromboses and meningitis; also owing to the inadvisability of general anæsthesia in such cases, and the insufficiency of the local effect of cocaine. Major operations are to be avoided when simpler means suffice.—*Centralt. f. ges. Therap.*

CALCULI OF THE TONSIL.—Dr. J. Lecocq, of Wasmès, reports three cases. In two the stone had made its way into the pharyngeal wall, in proximity to the vasculo-nervous structures. One of the concretions, on account of its roughness, its size (one inch in length, one-half inch in width, one-third inch in thickness), and its weight (40 grains), was capable of causing erosion of the tunics of the carotid artery, or serious nervous lesions. Chronic abscesses of the tonsil, pharyngitis and amygdalitis, difficulty in swallowing, etc., are habitual complications of these formations. The foreign bodies may be extracted either by enlarging with a blunt-pointed bistoury the orifice of communication between the pharynx and the seat of the calculus, which can then be drawn out by means of the forceps, or, in the absence of an orifice, one may be made with a tympanum perforator. After extraction it is important to seek to promote adhesion of the walls of the pocket, in order to obviate the formation of a new stone having for its point of origin a fragment of mucus or a little thickened secretion. It is rather difficult to affect this adhesion. The use of irritants or caustic does not give very good results. Curetting, followed by painting with a sublimate solution, produced in the author's cases a sufficiently-rapid obliteration of the cavities.—*Revue de Laryngologie*, etc.

A METHOD OF EXAMINING THE LIVER.—Dr. Lane describes a method of examining the liver which enables one to obtain results impossible in the ordinary dorsal position. The patient sits with his body well bent forward and so supported that the abdominal walls are relaxed. The examining physician sits behind the patient and places a hand around each of the patient's sides. In this position the anterior border, lower surface and gall-bladder may be explored, with great ease. He has often seen cases where the objective symptoms were indistinct in the dorsal position, but by employing this method no difficulty was found in outlining the organ.—*Norsk Magazin for Laegevidenskaben*, No. 12, 1893.

CORRESPONDENCE.

THE EFFECTS OF PROLONGED LACTATION.

HAHNEMANNIAN MONTHLY :

My attention has been called to a paper published in the December number of the HAHNEMANNIAN, on the Japanese custom of nursing children until they are five or six years old and the statement is made in this connection, that the children thus fed are almost absolutely free from rickets. The natural inference to be drawn from the paper is that prolonged lactation, even to the extent of six years, is not injurious, but on the other hand is conducive to health and longevity.

It is also stated that "the transmission of tuberculosis is avoided by the exclusion of cow's milk from the infant's dietary."

These statements are diametrically opposed to all experience and observations made among Caucasian races, both in Europe and America, and if true would suggest by way of explanation that Japanese women must differ radically from the women of other countries either in constitution or mode of life, so that the lacteal function had been brought to a state of perfection in Japan, that might profitably be emulated by European and American mothers. Another deduction might be made, that as physicians, we have been making a mistake in the past in advising mothers not to continue nursing their offspring into the second year, and that in doing so, we have been ourselves responsible for the prevalence of rickets, tuberculosis, etc., by depriving infants and children too early of their natural aliment. But are the facts true?

Is it really a fact, as stated, that Japanese children thus nourished up to the period of second dentition, are more robust and free from constitutional diseases, than the children of other countries where custom dictates an earlier weaning?

I have just been reading a most interesting book of travels by the much lamented Mayor of Chicago, Carter H. Harrison; it is entitled, *A Race With the Sun*. Writing of Japan, he alludes to the custom of the women, in regard to nursing, and says, "but the mortality among Japanese infants and children is simply frightful." He does not mention rickets nor tuberculosis, nor does he indicate what par-

ticular diseases are responsible for the "frightful" mortality. Mr. Harrison was not a doctor but a man of close and accurate observation. Bayard Taylor in his *India, China and Japan*, refers to the same custom in similar language. Any one who observed the Japanese who visited the World's Columbian Exposition, must have noticed how small of stature and frail in physique were these oriental visitors. They are by no means a sturdy nor a stalwart race. How much of this is due to infantile regimen I cannot say. But I regard the statements made in the article at first alluded to as misleading because untrue. It is a bold illustration of the fact that when one argues from a single fact or a single premise his reasoning is very apt to be fallacious. It will not always do to say "Post hoc, ergo, propter hoc."

N. TOOKER, M.D.,

CHICAGO, ILL.

THE BRITISH CONGRESS AND THE HAHNEMANN MEDICAL COLLEGE
OF PHILADELPHIA.

TO THE EDITORS OF "THE HAHNEMANNIAN MONTHLY."

Gentlemen: I have just received your journal for January, and in it I find an article signed William H. Bigler, M.D., reflecting on us for statements made by me at the British Homœopathic Congress, in September last, in regard to admission to the Congress of an M.D. of the Hahnemann Medical College, of Philadelphia. He says: "In reading the discussion, one is struck by the entire absence of that trait generally supposed to be so prominent in the British character—the love of fair play. Not one word is uttered as to the possibility of a mistake or a misapprehension on the part of the Honorary Secretary; not one word of any effort on his part, previous to the meeting, to rectify what seemed to have been rumors rather than substantiated facts." Would Dr. Bigler be surprised to learn that my information came direct from the graduate in question himself, at a personal call with which he favored me? I heard not a word regarding him or his diploma and course of study from any one else. Naturally, I thought this the very best authority. He distinctly stated to me, on my asking what previous study he had done in this country before going to America, that he had one winter session of anatomy at Westminster Hospital Medical School. In the *Monthly Homœopathic Review*, by a reporter's mis-

take, it was said to be Charing Cross Hospital, but this is of no importance. In a letter to the *Review* in December last, the graduate in question, signing himself "M.D., U. S. A.," states, that all that was stated was untrue, and in a letter to myself subsequently, said I must have misunderstood him. In a note appended to his letter, I mention that this graduate states that my facts were incorrect, and that I must have misunderstood him. The note proceeds to say: "This Dr. Brown is quite willing to believe, and he therefore withdraws the statement, and regrets that he should have been found capable of so misunderstanding what seemed to him plain language." No one is infallible, and on the assurance of the graduate that my facts were incorrect, I was willing to believe it, but whether the facts were correct or otherwise, the statement as to the one session of anatomy at Westminster being, in reply to my question, the whole medical courses he had before going to America, was distinctly made by him to me.

I certainly regret that I should have been found capable of so misunderstanding plain language, as the graduate informs me I *had* misunderstood him. I fail, however, to see, though nothing is impossible nowadays, how a categorical statement of this kind is capable of two meanings. Your charge of wanting fair play and of wanting effort on my part to "verify what seem to have been rumors rather than substantiated facts," falls to the ground. In order to throw light on the discrepancy, I wrote to the Dean of Westminster Hospital Medical School to ask if — had been a student at the school in the years 1887, 1888, or 1889, and if so, what courses of lectures he had. He answers as follows: "In reply to your letter of the 6th, all I can learn is that Mr. — is said to have kept a chemist's shop in —, and that he attended anatomy lectures for three months or so, and then is said to have gone to America. I should have regarded him as one who tried medicine and gave it up, at least as far as this school is concerned, and he never became a regular student here. I am," etc.

This curiously harmonizes with the statement the graduate made to me, and which he says is incorrect. If he studied elsewhere, he kept it in the dark in his statement to me. It is also to be noted that the Registrar of the Hahnemannian College of Philadelphia, in a letter he kindly wrote to me, in reply to one from me, states that the graduate in question "showed satisfactory evidence from your London schools of having attended a full session in the branches required." That is *one* session, and as anatomy is not only universally considered

to be essential, and the course every student begins with, it is presumable that I am correct in stating what I did as to our conversation. In the note appended to the letter of "M. D., U. S. A.," in the December *Review*, he is asked to "state categorically when and where he passed through the curriculum of study he delineates in such very general terms in his letter, naming the hospital at which he studied, and the dates at which he attended the various courses of lectures he mentions. All this we shall be happy to publish." But up till now the graduate has not seen fit to give such simple information which would render his position much stronger and clearer with the public. You, gentlemen, can easily ascertain from the Registrar of the Hahnemann College what were the courses of lectures the graduate bought certificates for, and what medical school they were at. You can easily state this in your journal. I need hardly add that when we speak of medical training no amount of private reading counts at any college that I am aware of, and that it refers solely to attendance at recognized courses of lectures and hospital attendance.

All this is necessary to go over, to clear me of the charge he brings against me of unfairness and going on rumors.

But, granting that the English session was quite a full and regular one, I come to the *crux* of the whole question, which is, that the M.D. was given to a gentleman who had one medical session in England, and one of six months at Philadelphia, who being a registered chemist, was considered equal to a "graduate in pharmacy" in America, and so was let off the third year's study. The graduate in question is a "licensed chemist," in virtue of his having been in business at the time of the passing of the Chemists' Registration Act, in 1868, as all were who were then in business. This information I have from the officials of the Pharmaceutical Society. If the American colleges grant degrees on these terms, we have nothing to say as far as regards practitioners in America, as this is evidently quite *en règle* there; but in Great Britain, things are different. The fact of a man being a registered chemist has here no bearing whatever in the usual medical curriculum, and we therefore consider that the M.D. in question was given after going through only the half of the minimum course of study required in this country. If I am not mistaken, the M.D. is the only medical diploma given in the States, and stands as the ordinary qualification that every practitioner has. In this country, there are a number of other diplomas qualifying for practice, while the M.D. is a most coveted honor, which a vast

number of practitioners have not, and we are naturally jealous of any lowering of the status of the M.D.

Dr. Bigler is good enough to say, "Fortunately, Americans are not concerned with the complicated enactments of the British Registration Act." Nor are we concerned with the legal requirements in America, provided they do not clash. But Dr. Bigler also describes the graduate in question as a "a licensed practitioner." He is, in America, but not in England. And this brings me again to the real cause of all this discussion. As long as an American student goes through the recognized course legal in America, and gets his M.D., and practices there, we have nothing to do with it. But the case at present is, that of an Englishman, who, instead of going through the required curriculum in his own country, goes to America and obtains a diploma of M.D., with what is considered in his own country to be only half the minimum course of training, who returns to his own country and expects to be received as a legally qualified practitioner, although he knows quite well that he is not so by the laws of his own country. We decline to agree to this arrangement. Had he had a British diploma of any kind, and *then* had got the American degree, we should have been delighted to recognize him as an M.D., and to give him all the honor belonging to him and to the degree.

You will thus see the real state of the question, viz., that we do not reflect on the American colleges in the least for doing what is quite legal there, and we would be the last to say anything that might be considered of the nature of a slur on them, when they have done, and are doing, such excellent work for homœopathy, and turning out so many first-rate men as graduates. Nor is there any personal feeling, as I need hardly say, in regard to the graduate in question; but the question is one of the laws of two countries which differ and cannot be allowed to clash. Dr. Bigler is good enough to speak of "the tempest-rent British homœopathic teapot." What tempest there is is on the other side of the water. There is none here.

It may interest your readers to know that we have in London two others who have American M.D.'s, but who have no British diploma. One is a lady who, from my personal knowledge, got an M.D. from the Cleveland Medical College (*not* the Cleveland University, formerly known as the Cleveland Homœopathic Hospital College) after six months' attendance there. She was a homœopathic chemist, and though attending the courses of lectures on *Materia Medica* and *Practice of Medicine* at the London School of Homœopathy, under

Dr. Pope and myself (which courses are, unfortunately, not recognized by the authorities), and privately reading, she had no recognized courses of lectures at all before going to America. This would, it seems, be quite legal in America. The other is a gentleman, a homœopathic chemist also, who had precisely the same training, or absence of it, as the lady just alluded to, and who never left England at all, but, on payment of the fee, got the M.D. from the homœopathic college of a large and influential city in the States. If you would like to have the name of the city, I still have it; but as I fancy this diploma is not absolutely *en règle*, I forbear to name it.

We object to even one case among us, but when it comes to three we claim to draw the line, as privileges granted to one can be equally claimed by the others.

I am, gentlemen,

Yours fraternally,

D. DYCE BROWN.

29 SEYMOUR STREET LONDON, W.

January 16, 1894.

DR. BIGLER'S REPLY.

HAD Dr. Brown read my article a little more carefully he would have seen that its only purpose was to show that the Hahnemann Medical College, of Philadelphia, had not granted a diploma in an irregular or illegal manner, but, in bestowing the one in question, had exercised due care and had acted according to its charter, its own regulations and the laws of the commonwealth of Pennsylvania.

Beyond this I had no interest in the matter and no concern. The British Homœopathic Medical Congress has as much right to determine the qualifications necessary to obtaining a seat in it as has our college to say what it shall require of its proposed graduates. Therefore, in my opinion, the exclusion of one of our graduates is not, *ipso facto*, a slur on our college, but only where, as in this case, it was coupled with the assertion that its degree had been granted in an irregular manner.

It is this assertion that I sought to disprove and successfully, I think. The college could hardly have been expected to know, or even to have sought to find out from the Pharmaceutical Society, as has done Dr. Brown, that the title "licensed chemist" does not refer to any known fitness to be a chemist, but was only bestowed "in virtue of his having been in business at the time of the passing of the Chemists' Registration Act in 1868."

Even here in America we demand certain knowledge from our chemists or druggists before licensing them as graduates in pharmacy; and it was to be supposed that in England the same would be the case; hence the allowance of the first year in a three years' course.

Knowing that the gentleman in question was practicing his profession without let or hindrance from *friend* or foe, and seeing the British journals full of prosecutions of illegal practitioners, I naturally called him a "licensed practitioner." I learn, however, from an excellent editorial in the *Homœopathic World* (February 1st) "that any one who chooses is entitled to practice medicine and may take payment for doing so. The only thing the law objects to is false pretense to the possession of medical titles. If a patient dies under the care of an unqualified practitioner, the latter cannot sign a death certificate; or, if he does, he is liable to have it rejected. The law allows any one to cure, but only a qualified may certify a death." My mistake, I think, was pardonable.

The suggestion that this journal obtain from the college and print the list of lectures and the medical school, attended by the gentleman "at issue," is, to say the least, very peculiar.

The college, through the statement of its Registrar, has conclusively disproved any irregular action on its part, and can well afford to let the matter drop. Should Dr. Brown or any one else desire more detailed information, let them apply to the gentleman himself. "He is of age; ask him." The truth of my charge of want of fair play has, I think, been fully substantiated, both by the admission of Dr. Brown (however sarcastic) that he must have misunderstood the gentleman and by the writing to the college for an explanation *after* the subject had been given in detail to the British Homœopathic Congress (limited).

W. H. BIGLER, M.D.

PNEUMONIA IN GOUTY SUBJECTS.—Dr. Karl Gruber claims that there is a specific form of pneumonia observed in gouty subjects. Chronic gout produces a series of respiratory disturbances of which emphysema and bronchitis are the most frequent. He describes two cases of which the characteristics were: individuals with hereditary gout and who formerly suffered from acute attacks and still presented the signs of irregular gout, emphysema, cramps in the calves of the legs and gastric symptoms, suddenly, without any apparent cause, were seized with a pneumonia, which without any great elevation of temperature, runs its course in two or three days, leaving no sequelæ in the lung and followed by a gouty attack. Uric acid is found both in the sputa and the perspiration of such pneumonic patients. A rheumatic form of pneumonia has been reported which is of short duration and alternates in a few days with a typical rheumatic attack.—*Deutsche Medicinische Wochenschrift*, No. 47, 1893.

EDITORIAL.

SYMPTOMS.

THE prominence given to symptoms in Homœopathy, in accordance with the teachings of Hahnemann, has often been a cause of reproach, not only from our enemies, but even from those in our own ranks.

There is no doubt that, in many cases, there has been a mechanical, almost automatic, use made of isolated symptoms which could lay no claim to scientific precision, and which would certainly never have been countenanced by Hahnemann.

The system of keynotes, the utility of which, within certain very restricted limits, we would not wish to deny, has come to be so abused that its application is generally in direct contravention of Hahnemann's teachings. In rejecting such methods, the younger generation of physicians is prone to undervalue the symptoms of our *materia medica* as guides in therapeutics, and to ridicule many of them and the claims set up in their behalf.

Now, it is a strange instance of the perversity of human nature that while we are beginning to cry for wider generalization, the advanced members of the other school are clamoring for more individualization. The generalities and crude generalizations with which they were satisfied in days gone by, no longer content them. They are beginning to narrate their cases with details enough to satisfy the most zealous homœopath; and this, not only for purposes of diagnosis, but, in many cases, for differential treatment. Their restricted knowledge of an individualized *materia medica* alone prevents them from being more successful in treatment.

Many of our symptoms have, unfortunately, been expressed in a way to provoke ridicule, from carrying out the principle that the words of the prover should be used as far as possible in recording his symptoms. Others, from the same cause, seem to be ignorant expressions of phenomena, the names and explanations of which are very readily and usually given in a more scientific manner. On the other hand, even among the symptoms recorded by the allopaths, we find many which, when standing alone, are equally as *bizarre*. For example, in speaking of metatarsalgia (Morton's Pain-

ful affection of the foot) in the *Annals of Surgery*, Morton mentions "the imperative necessity of removing the shoe, regardless of surroundings," as pathognomonic of the disease.

The difference between the schools is this: in the case of the homœopaths, the symptoms are connected at once and directly with a remedy which shall be curative of those symptoms, without the intervention of the idea of any state or condition which would tend to explain their significance; whilst in the other case the symptoms are of value as indicating this or that peculiar condition. In the latter case the more minute the symptoms from which deductions as to the existing conditions are made, the better is the scientific spirit of investigation satisfied, and the more is the acumen of the physician displayed. The method of the homœopath is in strict accord with the explicit teaching of the *Organon*, that "the totality of the symptoms represents, in its full extent, the disease itself," and with this "totality" it is sought, now a-days, to satisfy the demands of the rising generation for a recognition of the claims of pathology in the treatment of disease.

But just as the adherents of the strict orthodox view of the inspiration and infallibility of the Bible are obliged to read into it, and between the lines, meanings certainly not intended by the various authors, in order to reconcile their teachings to the known facts of science—so we find "the followers of the master" (as they style themselves), reading into the expression "totality of the symptoms" a fulness and comprehensiveness that was not, and could not have been meant by Hahnemann. The means for and the thoroughness of search for objective symptoms, characteristic of to-day, were of course not dreamed of in his time, and although he speaks of "the symptoms observed by the physician" (detailed in a foot-note), any careful reader of the sections on symptoms must acknowledge that by far the greater stress was laid upon the subjective ones, and the methods to be pursued in obtaining them correctly. That this is true, we think is proved by the methods of the earlier homœopaths, their reports of cases, etc. Now, under pressure, we too frequently hear the "totality of the symptoms" prated about (*sit venia verbo!*) with the greatest show of scientific liberality, but limited, in fact, to a collection of the usual subjective symptoms, supplemented by the mental state, conditions of aggravation or improvement, and (as a climax, perhaps), the position in bed! The *true* totality of the symptoms, as required to-day, is but rarely gained by those who use the expression most.

The tirades of the late Dr. Ad. Lippe against "the pathological livery," can be recalled by many of us, and yet even he was obliged in the introduction to his *Comparative Materia Medica*, to emphasize the necessity of recognizing the pathological condition producing a symptom, in order to select the remedy, instancing the gritting of the teeth in children, calling for one remedy when arising from intestinal irritation, and for another when dependent upon irritation of the brain.

In our opinion the only, but sure way of vindicating the inherent honor and value of our materia medica, is, when possible, to explain its symptoms; to trace them back to their source, and to recognize the underlying change, not in the vital principle, but in its own material substratum. Then, and then only, will our symptomatic treatment satisfy the imperative demands of progressive homœopathy.

MAGNESIA PHOSPHORICA IN CEREBRAL MENINGITIS.—Dr. V. Rappaz, of Montevideo records the case of a young man of seventeen years who was seized by a violent pain and inflammation in the left eye, with terrific pains in the head, delirium and intense fever. He was treated, allopathically, without success. When the writer was called he found the patient hemiplegic, with frequent and atrocious convulsions, crying out violently, involuntary loss of feces and urine. Walking was impossible, he could not eat alone, not being able to carry food to his mouth. Pupils dilated, lower jaw dropped down, involuntary escape of saliva, comprehension and speech very difficult. Magnesia phosphorica, 6x, was administered on account of the convulsive state and in doses of a teaspoonful three times a day. In three days the convulsions had become less frequent, his intelligence had reappeared and he could take a few insecure steps. Ten days after he could retain his feces and urine and pass them voluntarily; he walked better, he spoke more easily and his intelligence increased progressively. The twelfth trit. was substituted for the other preparation and in seven days still later the convulsions had disappeared completely. He walked with a slightly, staggering gait, his intellect was clearer, his speech was free, all his functions were normal, his physiognomy cheerful, his arms and lower legs, before paralyzed, could be moved. He continued to improve gradually and within two months he was completely restored, in both body and mind.—*Boletín De Homeopatía*, Nos. 3, 4, 5 and 6, 1893.

TREATMENT OF SYPHILIS.—Dr. Oscar Hansen, of Copenhagen cannot recommend the higher attenuations in syphilis. From a long experience he states that only the low preparations can be hoped to bring about any results, in this disease. In managing the syphilides he advises the use of Hale's formula: iodide of potash, 4 gms. (3j.), biniodide of mercury, 5 (cgms. gr.j.) in distilled water, 125 gms. (Siv), one teaspoonful three times a day. Most homœopaths employ mercurius, in the lower attenuations. Iodine and its compounds are important remedies in syphilis. It is claimed by some that they are not homœopathic though Allen states them to be so, in certain stages. Besides these he recommends nitric acid, aurum, kali bichr., asafetida, corydalis formosa, hepar, mezereum, lachesis, stillingia, etc. He can confirm Kafka's indications of kali hydriodicum, in the initial sore, hepar sulphur or chininum arsenicosum, in loss of appetite, exhaustion and anæmia of syphilis. But the mercurius or iodide of potash must be discontinued while these other drugs are being given. In gonorrhœa he recommends weak injections after the painful stage has passed.—*Zeitschrift Des Berliner Vereines Homœopathischer Aerzte*, Bd. xii., hft., vi.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D.,

FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

DIAGNOSIS OF GASTRIC ULCER.—Prof. G. Sée, of Paris, distinguishes two forms of gastric ulcer: the hæmorrhagic and peptic ulcer without hæmorrhage. Hyperchloridria usually accompanies the ulcer. He advises a milk and meat diet to utilize the excess of hydrochloric acid. Diagnosis of simple gastric ulcer is often difficult. It may be confounded with dilatation of the stomach, dyspepsia, hepatic colic and chlorosis. The presence of hypochloridria is the principal factor in diagnosis. It is distinguished from simple hyperchloridria by the paroxysmal pains and the frequent and violent vomiting. Gastro-succorrhœa often accompanying hyperchloridria is diagnosed by over-secretion and pains several hours after eating, when the foods have passed out of the stomach. Hæmorrhagic ulcer must not be confused with œsophageal varieties of hepatic cirrhosis, senile or alcoholic degeneration of the walls of the veins and, above all with cancer. The hæmatemesis of cancer is but slightly abundant and as a rule, consists of undecomposed blood. Œdema of the ankles, after long walking, is frequent, in cancer, from the very first and rare in ulcer. Introduction of the stomach tube is only to be done with the greatest care.—*Revista de Ciencias Medica de Barcelona*, No. 21, 1893.

PSEUDO-MEMBRANOUS ENTERITIS.—Dr. M. Rothmann, of Berlin, has examined histologically the ribbon-like discharges of pseudo-membranous enteritis and tried to fill a gap in our knowledge of this affection. In a similar diseased state, in pigs, Cornil found fibrinous plugs in the openings of the intestinal glands. In a case of this disease which was accidentally associated with cancer of the base of the brain, and which terminated fatally, he was enabled to obtain a microscopic view of the anatomico-pathological state of the intestine. His conclusions are as follows:

1. Pseudo-membranous enteritis, or better, mucous colic, is an affection of the colon.

2. It is dependent upon an increased secretion of mucus from the glandular cells and due to chronic constipation.

3. This slight inflammatory mucous disease is secondary to some affection (hysteria or neurasthenia).—*Trans.*

4. The ribbon-like masses discharged consist of mucus.

In the discussion Prof. Ewald stated that he would distinguish a nervous form, which is quite frequent and not always accompanied by constipation but a normal or even a diarrhœic stool. There is also an inflammatory variety. The nervous form is often treated for months in vain, and in some cases it disappears of itself. Dr. Boas said that it was chiefly found in nervous subjects, though it may also be accompanied by perceptible changes. The intestine is principally affected, the colon being dilated, prolapsed or displaced. This may be proved by filling it either with air or water. Treatment is of little result. Purgatives are to be avoided and regulation of the diet will accomplish a great deal. Dr. Pariser has traced it to a neurosis in one series of cases and in others it was doubtful. The latter are those where the disease is combined with entero-ptosis. He recommends sedatives. It has also been often observed in children.—*Berliner Klinische Wochenschrift*, No. 49, 1893.

PSEUDO-AORTIC INSUFFICIENCY.—Dr. Litten described a condition before the Berlin Society of Medicine which may greatly resemble true aortic insufficiency. The pulse is accelerated, a capillary pulse is visible, the arterial purring murmur is audible, and the apex beat is strong and elevated but there is *no diastolic murmur*.

All these symptoms are observed together and not singly and are very pronounced. At the necropsies no aortic insufficiency was to be found but a hypertrophy of the left ventricle. This hypertrophy might be observed in other states. A paralysis of the arterial musculature was also discovered which is possibly the cause of the affection. He thinks that it is dependent upon a disturbance of innervation of the heart and large vessels.—*Muenchener Medicinische Wochenschrift*, No. 46, 1893.

LINGUA GEOGRAPHICA.—Dr. O. Spehlmann records twenty-two cases of this peculiar affection, geographic tongue—mapped tongue—in children. It is a migrating desquamation of epithelium with a chronic course. Syphilitic lingual affections, especially psoriasis of the tongue, greatly resemble it.—*Muenchener Medicinische Wochenschrift*, No. 46, 1893.

A CERTAIN SIGN OF DEATH.—Dr. Bourneville, of Paris, states that the thermometer is a most certain means of ascertaining whether death is apparent or real in doubtful cases. If the temperature of the body, measured in the rectum, a few hours after death, is the same or still lower than that of the room, death has surely taken place.—*Norsk Magazin for Laegevidenskaben*, No. 12, 1893.

EVOLUTION AND PROGNOSIS OF THE VARIOUS FORMS OF CHRONIC MYOCARDITIS.—Dr. Rigal, in a lecture at the Hôpital Necker recently, considered this subject. Four forms of chronic myocarditis are recognized, essential chronic segmentary myocarditis, a granulo-fatty myocarditis, a degenerative myocarditis, with arterio-sclerosis, and an interstitial or sclerous form.

Essential chronic segmentary myocarditis is a senile disease, the heart-beat being very weak, the pulse irregular, the apex-beat not visible; there is a soft meso-cardiac systolic murmur, while the volume of the heart remains normal. It is a rare disease. Prognosis is bad, as sudden death may occur. It neither retrocedes nor is arrested in its course.

Arterio-sclerosis of the heart is due to endoarteritis, with consequent atrophy of the muscular and replacement by fibrous tissue.

Chronic interstitial myocarditis does not always pursue a chronic, progressive and fatal course and ending, in all cases, in asystolia, for, fortunately, numerous cases pursue an intermittent course, with periods of quiescence extending over a number of years, so that the patient may live to old age and succumb to an intercurrent disease. The following is a typical case: an arthritic subject, having presented attacks of migraine, of fibro-muscular rheumatism, arthritis deformans or gout, is seized, at about the age of fifty, with dyspnœa, on exertion, palpitation of the heart, slight nocturnal suffocative attacks, he has a slight perimalleolar or pretibial œdema, and his business becomes a burden. Examination of the heart reveals acceleration of the heart-beat, which is either regular and weak or irregular and arrhythmic but always weak; the heart impulse is perceived with difficulty; the transverse dullness on percussion is increased, and the volume of the organ exceeds the normal, but is within moderate proportions.

On auscultation, the first sound is observed to be weakened, the second, normal. Sometimes one will hear a bruit de galop or a slight tricuspidal murmur. No signs of arterio-sclerosis or interstitial nephritis. Chronic myocarditis is diagnosed and an unfavorable diagnosis made. The patient is advised to rest; a mild diet, consisting chiefly of milk prescribed, with digitalis and the iodide of potash, and from a few weeks to a few months the scene changes. The dyspnœa, on exertion, is only exceptional, as on running or going too rapidly up stairs. The pretibial œdema disappears, the heart contractions become stronger, more regular and slower, the first sound is better but still weak, the bruit de galop and the tricuspidal murmur disappear, the heart decreases in volume, the patient regains his health and takes up his business cares again, with a watchful eye on his health. Several years pass thus; his heart is none of the best, and he knows it, but he gets along fairly well. Ten to twelve years pass, and the heart troubles return with increased intensity. Slight symptoms of asystolia appear, though but slight at first, and, after a struggle, lasting from several months to years, the patient succumbs.

Therefore the course of the disease may be intermittent, the least known form, or progressive, the usual course, and conducting to death. There is a great difference in patients with regard to the course of the disease. If associated with gout, arthritis and diabetes, and especially in middle age, its progress is more rapid than in old age. Lead poisoning and alcoholism, if associated, render the prognosis very grave. Intercurrent infectious affections precipitate, extremely, this disease in its

course. Many asystolic states have been noticed after a grippe or pneumonia; the latent myocarditis was rendered manifest. Chronic nephritis may develop simultaneously, and thus affect the heart like an infectious disease. The kind of life one leads affects prognosis; all laborious work, insufficient food, excessive fatigue, excesses in venery, persistent and violent moral emotions exhaust cardiac vitality.—*La Semaine Médicale*, No. 73, 1893.

SLOWLY DEVELOPING DIABETES.—Dr. Worms has, for a long number of years, followed a series of patients who are veritable veterans in diabetes, and who, with appropriate diet and treatment, have been enabled to carry their disease for ten, twelve, fifteen, and even twenty years. These facts oblige one to admit two kinds of diabetes: a grave and also a benign form, with a slow evolution. In this latter form, the quantity of sugar may be quite considerable, reaching forty grammes, an ounce and a quarter, per litre; but it is easily reduced, and yields rapidly to treatment. Even when it is not treated, the persistence of this degree of glycosuria is compatible with a very good health. In some cases it is intermittent. From time to time, usually under the influence of moral emotions, the sugar may rise to fifty or sixty grammes per diem. Then, for a month, the urine may be free again from sugar. He regards quinine as the chief remedy, and as a tonic to the nerve centres. Cold lotions to the head and a mixed diet he also recommends. Ordinary bread is preferable to gluten bread. In well-to-do patients, with absorbing and sedentary occupations, examine the urine for suspected diabetes. In the working classes it is much less frequent.—*Le Progrès Médical*, No. 49, 1893.

PHOSPHATURIC ALBUMINURIA.—Dr. Robin, of Paris, claims that cyclic albuminuria and neurasthenia often depend on a disturbance of general nutrition and an organic demineralization of the system in particular. This is due to many causes: arthritis, overwork of the nervous system, and overfeeding. It is characterized by an exaggerated denutrition, especially of those organs rich in phosphorus by an incomplete assimilation of the phosphates of the food, a loss of phosphoric acid through the urine, an increased destruction of the red corpuscles and a relative diminution of oxidation. Chemically, this albuminuria consists of four forms: pseudo-neurasthenic, phosphaturic albuminuria, pseudo-brightic or prebrightic, phosphaturic albuminuria and the albuminuria of Bright's disease of phosphaturic origin.—*Le Progrès Médical*, No. 49, 1893.

DIFFERENTIAL DIAGNOSIS OF TOOTHACHE.—Dr. F. Busch, of Vienna, presents the following points: Pulpitis is one of the chief causes of toothache. Cold drinks increase the pain, and warm do not affect it; it is not sensitive to pressure; the pains radiate into the upper branches of the trigeminus, passing into the temple, eye, and ear, even into the entire head and back of the neck. It is often confused with rheumatic pains, and is very prone to pass over into periodontitis. This latter affection is characterized by increase of pain by warm liquids, while cold water alleviates; the tooth is very sensitive to pressure, so that the patient can distinctly point out the aching tooth, while in pulpitis he is uncertain, and is even liable to not know which one really is the affected one. The soft parts swell, generally on the second or the third day, and may be followed by suppuration. In typical pulpitis there is never any swelling. A sensation of the teeth being too long is only observed in periodontitis, never in pulpitis. In pulpitis, the pain is intermittent; in periodontitis, remittent or continuous. In both conditions, the treatment varies, for, in periodontitis extraction is the only efficacious measure, while in pulpitis the paste of arsenic and morphine soon kills the pulp and allow one to fill, and thus save the tooth.—*Medicinische Neutketten*, No. 50, 1893.

AN ANOMALOUS CASE OF MUMPS.—Dr. Campeann, of Budapest, observed the case of a soldier who was seized with headache, elevation of temperature, and swelling of the testicle. Three days after he entered the hospital, when he was extremely anxious, his body covered with perspiration, tongue coated and with red margin, abdomen retracted and sensitive to pressure, and his pulse full, strong and rapid, 90–100; profound loss of strength. Five days after, the right parotid gland became swollen and painful and mastication was difficult. His conjunctive were injected, with profuse lachrymation. Six days still later, the testicular swelling had wholly disappeared, while the parotid enlargement still persisted, and had become more doughy, with spontaneous lancinating pains. Anorexia and intense

conjunctivitis. The softened pockets in the parotid suppured, were opened, and some pus evacuated. The general reaction of the organism was seemingly out of all proportion to the local lesion. It might have impressed one, at first, as a case of typhoid fever, though the temperature suddenly fell, after the third day, with the metastasis to the parotid gland; parotiditic fever. Another soldier, of the same company of this patient, also entered with a typical attack of mumps. Cases of fluctu to the testicles, after parotiditis, are not relatively rare, though the contrary holds true. Orchitis, with the fever, may be the only manifestations. Riset has observed four cases of parotiditic orchitis, Vidal three cases, and Bussaid two cases, in epidemics. In this fluctuational mumps it terminates, as a rule, by suppuration. In the orchitis, suppuration is rare. Atrophy may follow.—*Spitalul*, No. 9, 1893. [See abstract in *HAHNEMANNIAN MONTHLY*, 1893, on the Differential Diagnosis of Mumps.—Eds.]

ARTICULAR AND MUSCULAR PSEUDO-RHEUMATIC CONDITIONS DUE TO NEURITIS.—Dr. Grocco calls attention to the fact that there are certain forms of neuritis affecting the muscles or articulations which may greatly resemble ordinary rheumatism. He divides these systematic polyneuritis into four groups—the myalgic, arthralgic, and arthritic forms, and the polyneuritis deformans.

In myalgic polyneuritis, there are muscular pains, but limited to muscular groups or those supplied by certain nerves. The more peripheral muscles being first invaded, with a centripetal tendency, paresis of the muscles, independent of pain; paresthesiæ, the pains running along the course of the nerves, they being painful on pressure; the reflexes generally diminished, atrophy of the muscles, with diminished tension and vaso-motor and secretory disturbances. It is usually bilateral, and nearly without fever. It is easily confounded with a lesion of the cord and its membranes. The arthralgic and arthritic forms both have articular pain, of multiple site or wandering pains, fever, swelling of the joint, but they differ in that:

1. The pains follow the nerve trunks; they are paroxysmal, and severe, with but slight local lesions. They are often lancinating.

2. The nerves and muscles of the part are sensitive to pressure. The reflexes are diminished or abolished. The joint is not painful on pressure or movement, especially passive motion. Vaso-motor manifestations, alterations of secretion, cutaneous œdema and articular effusions are frequent. Fever is entirely lacking, or but slight. Paresis is more pronounced than in the articular form. Atrophies of muscles are frequent, with the reactions of degeneration. It is chronic, very obstinate, and generally apyretic.

Such patients may lie in bed for months at a time, while any pressure, or even jarring of the bed, may bring on a painful paroxysm, which lasts for hours; though at times their joints decrease in size nearly to the normal.—*Rivista Clinica e Terapeutica*, No. II., 1893.

SYMPTOMS OF MOVABLE KIDNEY—Dr. A. Mathieu, of Paris, has examined 306 women, in the hospital, for various diseases, and 46 especially treated for dyspepsia. Out of the former he discovered 85, and of the second 32, with abnormal mobility of this organ. The influence of pregnancy appears certain, for, of 104 nulliparæ only 11.54 per cent., and of 134 uniparæ or multiparæ 33.8 per cent. were affected. The dyspepsia, generally very slight, of the ordinary form, gastrointestinal atony, was found 68–69 times in 100 women to be associated with moveable kidney, and only 40–41 times in women without nephroptosis. On the contrary, those women with serious dyspeptic symptoms presented two cases of mobile kidney to three cases of dyspepsia. These figures go to show that there is really a relation between nephroptosis—dislocated kidney—and dyspepsia. The frequent existence of latent nephroptosis leads one to the opinion that the abnormal mobility of the kidney serves to exaggerate any predisposition to dyspepsia. This disease, once produced, is probably increased and aggravated by the mobility of the organ. The pains, repeated vomiting, the gastric crises which are similar to those of tabes dorsalis, appear to be induced by the abnormal mobility, though their intensity is not, necessarily in proportion. The gastric chémism is met with in all forms. It is often associated with neurasthenia, with predominance of neuralgic abdominal pains. Horizontal decubitus or the abdominal bandage to immobilize the kidney, will relieve. Often, surgical measures are necessary.—*La France Médicale*, No. 50, 1893.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D.

EXAMINATION OF THE FEMALE BLADDER AND THE CATHETERIZATION OF THE URETERS UNDER DIRECT INSPECTION.—Dr. H. A. Kelly, of Baltimore, has done away with the elaborate, cumbersome cystoscope, and makes use of reflected light transmitted through a speculum, after dilatation of the urethra, thus inspecting, by direct illumination, the interior of the bladder. The ureteral orifices are easily found after a little practice, and can readily be catheterized and sounded. Dr. Kelly has devised a set of sixteen dilators and an equal number of specula fitted with obturators, ranging from five to twenty millimetres in diameter. Under anaesthesia, usually the urethra is dilated up to ten or fifteen millimetres, the urine is drawn off, and a speculum and its obturator (a plug fitted to a handle and filling up the distal end of the speculum), corresponding in number to the last dilator used, is inserted into the urethra and the obturator removed. The patient's hips are now elevated (or, rather, the patient is inverted) until they are eight to twelve inches above the level of the table, when the bladder becomes distended with air. With a head-mirror the examiner may throw light into the bladder and inspect its wall, "as simply and as directly as the posterior wall of the pharynx." The speculum may be turned in various directions and all parts examined.

If all the urine has not been removed by the catheter, a flexible rubber tube with bulb attached may be used to suck out the residue, or it may be absorbed by cotton pledgets held by long, delicate forceps.

The orifices of the ureters may be readily seen by turning the speculum to one side or the other until it lies at an angle of thirty degrees with the median line of the body. Dr. Kelly describes the orifices as pits, or slits, or semilunar folds, with their convexities directed outward. Sometimes they are marked by a more rosy color than the mucous membrane of the rest of the bladder, while frequently urine has been seen spurting out from the orifice. Blood and pus have been detected flowing from one, while normal urine dribbled from the other ureter.

Catheterization of the ureters is readily performed, a straight ureteral catheter being employed, and entering the ureter for several centimeters. Dr. Kelly makes use of a searcher first to assure himself that the supposed opening under inspection is the ureter. He states that this is especially necessary when there is vesical or ureteral disease, as the ureteral orifice is often more or less concealed in such cases. —*Bulletin of the Johns Hopkins Hospital.*

STRICTURE OF THE URETHRA TREATED BY WATER PRESSURE.—Charles J. Smith reports two cases of stricture of the urethra, in *The Lancet*, treated successfully by water pressure after all attempts to pass instruments through the strictures had failed. The plan is to obtain, by a column of water, a sufficient amount of dilatation to allow the subsequent hot-bath treatment to further relieve the retention or to permit the passage of a small catheter. The surgeon is thus able to tide the patient over a most trying, if not perilous, condition.

Dr. Smith makes use of a blunt, open-end railroad catheter, which he introduces down to the stricture, attaches to this a nozzle provided with a stop-cock, and connects the nozzle with a fountain syringe-bag and tube. The bag must be raised as high as possible; the catheter must be kept closely applied to the stricture; the water pressure is then effected by turning the stop-cock, and can be put off or on, according to the patient's toleration. The water acts as an elastic wedge, or dilator, and the pressure needs to be continued for about half an hour.

A SIMPLE METHOD OF TREATING THE WOUND AFTER EXCISING HÆMORRHOIDS.—Jones (*Provincial Medical Journal*) recommends the following method of treating the wound after excision of hæmorrhoids:

The hæmorrhoid is placed within the clamp (Smith's, by preference) and cut off, leaving about an eighth of an inch of pedicle. This cut edge is sewed with a catgut suture, the clamp removed and the operation is complete. The best plan is to take a piece of catgut about eighteen inches long, with a needle at each end. One needle is passed through the upper end of the pedicle and a first knot is tied; then the needles are passed from left to right and right to left, and each time they cross the pedicle the sutures are tied. Except in the case of friable granular hæmorrhoids,

the cautery should not be used, as burning the pedicle of necessity means the subsequent separation of a slough.

OPENING THE CRANIAL CAVITY WITH A NEW SET OF INSTRUMENTS.—Drs. Hartley and Parker, of New York, advanced the principles of the operation, but J. S. Pyle, M.D., of Canton, Ohio, describes the instruments used and their method of application. The operation answers every requirement without in the least sacrificing the protective envelope—the cranium. The extent of cranium that can be loosened up and restored to its former function by this process is perhaps without limit, at least it has not yet been determined. The bone that is turned out is not detached from the periosteum and scalp, and its nutrition is thereby preserved, making repair certain.

The toilet of the head is made as in the operation of trephining. In all cases the incision through the soft parts and bone should be square or U-shaped; one side of the square, or the base of the U-shaped piece of bone thus mapped out should not be divided in the incision, the bone upon this side being broken away from the contiguous part of the cranium. Thus, a flap is formed, consisting of cranial wall, periosteum, and scalp. A scalpel is used to divide the scalp and periosteum. The latter should be thoroughly severed so as to avoid any denudation of the flap of bone when the cranium is cut through.

The instruments are made of the very best steel upon the chisel and gouge plan, one ball-shaped handle being provided for the entire set. The bone is divided by repeated strokes in the same manner that a wood-engraver cuts a deep furrow in a piece of wood. At first, the handle is left off and the instrument is driven along the line mapped out, by gentle taps with a mallet, until the furrow is of sufficient depth to retain the point of the instrument, when the hand may be used exclusively to propel it. When the bone has been completely divided, it will be next in order to turn out, or break off, the flap thus formed. Three crowbar-shaped instruments are made use of for this purpose, one being placed under the flap at the centre of the curved part of the U, and the remaining two on each side at the point where the bone is to be broken through. By simultaneously raising and lowering the three instruments the bone is broken. This should be done deliberately and gently, so as to allow the dura mater time to peel off from the under side of the flap. The instruments are used as levers; the cranium surrounding the piece to be elevated is used as a fulcrum.

If the depression is not great, all that is necessary to be done is to replace the piece turned out by stitching the soft parts together, the expansive force of the brain when the calvarium is detached being sufficient to overcome the depression, if such existed before the operation. On the other hand, if the bone is very much depressed, the piece can be broken and returned in the same manner.—*Medical Record.*

EUROPHEN-ARISTOL AND METHYLENE BLUE IN CANCER.—Heilman (Heilman Dale, Pa.) relates an interesting case in which these drugs were used, locally and internally respectively, in a case of recurring carcinoma of the breast. The patient, 64 years of age, developed a nodule in the right breast in February, 1892. This was removed and the axilla cleaned out in June of the same year. The wound healed kindly, and Fowler's solution, chian turpentine and iodide of iron were administered subsequently. In six weeks there was a local cutaneous recurrence which quickly ulcerated. The ulcerating surfaces were freely dusted with euophen-aristol, which cleaned them off, leaving apparently healthy granulations after the scabs which it formed had come away. The same result was obtained in successive crops of nodules. In November methylene blue was administered, two grains in capsules, three times daily, the same local treatment being continued. The general condition improved, the appetite, spirits and the local appearances being especially benefited. The euophen-aristol controlled the darting pains and enabled the patient to keep herself in a clean, odorless and tidy condition. The surface hæmorrhages were also arrested. In May, 1893, bromide of arsenic was substituted. [We have found that the administration of the methylene blue has to be stopped on account of the nausea and vomiting it produces, and this, too, in even smaller doses—one grain two or three times daily.—W. B. V. L.]

Over a year after the recurrence, in September, 1893, the patient was in fairly good health, doing all her housework, sleeping and eating well, but with a showing at the breast of a not very promising character. All kinds of local dressings were used, but none gave as satisfactory results as the euophen-aristol.—*Journal of Cutaneous and Genito-Urinary Diseases.*

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D.

PETROLEUM AS A LOCAL APPLICATION FOR CANCER AND FOR VAGINITIS.—Després recommends the ordinary refined petroleum for inoperable carcinomas. He applies it in the form of injections in the tumor (painful), compresses, and vaginal irrigations. Injected into abscesses, it soon causes healing, and soon removes the bad odor of suppurating carcinomas, especially of the uterus, hastens sloughing of gangrenous portions, and dries the ulcers left. Després has used petroleum injections successfully for vaginitis, and has seen fresh cases recover in six days by injections three times a day of 100-150 g. of petroleum. It may blister an inflamed skin, but it does not cauterize.—*Gaz. des Hôpitaux*, No. 68, 1893.

THE SURGICAL MEANING OF DUST.—Haegler believes that dust is full of infectious material, either on the floors, walls or furniture, and is easily set in motion by currents of air. He recommends perfect quiet in removing dressings, with everything at hand which may be required. Special care should be taken in removing dry dressings from infected wounds. Spots on dressings encrusted with pus should be wet with sterilized water, and placed in some antiseptic fluid as soon as they are removed.—*Centralblatt für Gynäkologie*, No. 43, 1893.

A NEW OPERATION FOR PROLAPSUS UTERI.—Frennd has employed the following method with success in eight cases of procidentia. He commences at the cervix uteri, and introduces a silver wire in the sub-mucous tissues around the vagina, so as to form a circular suture like the string of a tobacco pouch. This is drawn up and puckered together and pushed backwards into the vagina and uterus; successive sutures are introduced a finger's width apart, and drawn up till the entire vagina is drawn up. These wires are left permanently in position.—*Centralblatt für Gynäkologie*, No. 47, 1893.

DRAINAGE IN ABDOMINAL SURGERY—MYOMA ENUCLEATION.—Martin was formerly very much in favor of drainage, but now he considers it as producing an unjustifiable complication. The operations followed by "uneventful recoveries" are not always the most successful. He has had but one death in twenty enucleations of myomas. There have been four recurrences and one child born at full term. He has abandoned constriction in the operation, but his assistant compresses the neck of the uterus against the symphysis pubis, and uses many close layers of catgut sutures. The bed of the tumor is closed by silk sutures.—*Centralblatt für Gynäkologie*, No. 24, 1893.

MEMBRANOUS (EXFOLIATIVE) ENDOMETRITIS.—V. Franque has examined microscopically the membrane in five cases where pregnancy could be positively excluded. He found in each case cells which could not be differentiated from genuine decidua cells, either in size or other characteristics. He also observed that there was no important microscopical difference in the appearance of the decidua vera of pregnancy and the menstrual decidua of membranous endometritis.—*Centralblatt für Gynäkologie*, No. 50, 1894.

The above report is of special interest in its bearing on the diagnosis of extra-uterine pregnancy by curetting the uterus and examining the shreds for decidua cells. This method, as recommended by Wyder, was expected to be of great value, but reports like the above, and also others, have shown that cells exactly like decidua cells are found independent of pregnancy, and that alone they do not establish proof of pregnancy.—EDS.

THE TREATMENT OF RUPTURE OF THE UTERUS.—Merz has carefully studied the records of two hundred and thirty cases and arrived at the following conclusions:

1. If only the breech and legs have escaped through the rupture into the abdominal cavity and the head lies in or over the pelvis, the patient should be delivered per vias naturales, either by forceps or perforation and cranio-tractor.

2. If the head or entire body has escaped into the peritoneal cavity, version should not be performed and the patient exposed to an obstetrical operation, but

laparotomy should be done at once and the child delivered through the abdominal wall to avoid increasing the rupture.

3. In this last instance, immediate, careful suture of the laceration is necessary.

4. If the patient is delivered per vias naturales, laparotomy with suture of the laceration should follow labor at once under fairly favorable conditions.

5. If circumstances are such that this operation cannot be considered then use drainage with iodoform wicking without previous irrigation.

6. If the uterus is much degenerated or if septic endometritis sub partu exists then remove the uterus by Porro's method.—*Archiv für Gynäkologie*, No. 2, p. 270, vol. xlv., 1893.

EXPERIMENTS ON THE MIGRATION OF THE OVUM FROM THE OVARY TO THE TUBE.—Lode draws the following conclusions as the result of numerous experiments on rabbits.

1. The cilia on the fimbriated extremity and in the canal of the tube are strong enough to propel a body the size of the ovum, provided the animal is sexually mature.

2. The fimbriated extremity of the tube is able to take the ovum either from the ovary or the free abdominal cavity and to conduct it to the inner genital tract. The application of the fimbriæ to the ovary for the purpose of migration is unnecessary.

3. Migration of the ovum is independent of sexual passion and of coitus.

4. The ovum passes more rapidly through the outer than the inner portion of the tube.

THE PRACTICAL VALUE OF WALCHER'S HANGING POSITION IN OBSTETRICAL OPERATIONS.—Wehle thinks Walcher's discovery that the conjugate of a narrow pelvis has no constant dimensions but is altered by the position of the patient, has not received sufficient attention. Walcher found that in both normal and pathological female pelvises, the C. vera and C. diagonalis have a mobility of more than half a centimeter. The conjugate diameters were increased by the "hanging position," i.e., the patient is placed in the dorsal position on the examining table and the legs are allowed to hang downwards and outwards as far as possible: the conjugate diameters were on the contrary diminished in the ordinary position for operating, i.e., dorsal position with the legs flexed on the abd. men. The explanation of this is the rotation of the sacrum on its transverse axis, the promontory sinking downwards and backwards. This mobility of the sacrum is much greater in pregnancy than at other times. This gain in space at the pelvic brim is used to advantage by employing the position in operations till the presenting part has entered the pelvis, and Leopold recommends it for symphyseotomy. It is now shown that the dorsal position with knees flexed on the abdomen is a hindrance rather than a help in operating above the pelvic brim. Several cases are recorded where forcep tractions were of no avail in the old position, but by placing the patient in the new position delivery was readily accomplished. Wehle reports from the Dresden clinic twenty five cases of version in contracted pelvis in which this position was employed with better results than are obtained usually in such cases.—*Archiv für Gynäkologie*, H. 2, Bd. xlv., 1893.

INJURIES OF THE SKULL IN BREECH PRESENTATIONS.—Rosinski has studied forty cases, more especially from a forensic point of view. He believes that the general shape of the injury is of no importance in deciding that it was the effect of external force, except when the borders are very irregular. The accompanying injuries are important. If there are rough, irregular edges with several fractures extending into the neighboring bones and predominating over the fissures, if there is extensive injury of the soft parts or, in other words, if the injury is relatively large and severe it points rather to an act of murder than of labor. It should not be forgotten, however, that very extensive injuries have been caused in labor. The overriding of the bones along the sutures point to labor as the cause rather than violence.—*Zeitschrift für Geburtshilfe und Gynäkologie*, H. 2, Bd. xxvi., 1893.

A NEW TREATMENT FOR INOPERABLE CANCER OF THE UTERUS.—Bernhart, guided by the special affinity of salicylic acid on the epithelia, has tried in one case parenchymatous injections of a 6 per cent. solution of salicylic acid in 60 per cent. alcohol into the cancerous tissues after curetting. The pain was at first increased and then diminished. The patient was dismissed from the hospital apparently cured. Encouraged by this, Bernhart's trials in five more cases were very satisfactory for the short time they were under treatment.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,
FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

TREATMENT OF CYSTITIS.—Dr. P. Jousset, of Paris, recommends the following remedies in the treatment of acute cystitis: cantharis and its analogues, apium virus, capsicum, terebinthina, copaiva, tarentula, conium, pulsatilla, aloes and eupatorium purpureum. All these remedies present certain common characteristics; tenesmus of the bladder, dysuria or retention of the urine, which is sanguinolent or purulent. Colchicum, nux vomica, petroleum and rhus tox. may also be remembered.

Cantharis.—Very painful tenesmus, veritable strangury, with very frequent emission of small quantities of urine, which burn on being passed. It often contains albumin and blood in very considerable quantities. At other times it may contain considerable pus. In some cases the pains radiate into the kidneys, and are associated with suppression of the urine. These symptoms point to subacute cystitis, even with extension to the kidneys, and present a picture of gonorrhœic cystitis. It is also of service in the very painful period of tuberculous cystitis, with hæmaturia. In chronic cystitis, when the quantity of pus is considerable, it is also indicated. He has cured a patient who was reduced to the last degree of emaciation by the profuse suppuration of long duration.

As it easily aggravates it is advisable to begin with the sixth or even the twelfth dilution, three to four times a day. If necessary one may increase the dose even to two or three drops of the mother tincture.

Apis Mellifica.—The symptoms produced by this drug are far less pronounced than those of cantharis; frequent urination, scanty urine, tenesmus, burning pains, with occasional involuntary micturition, constitute the principal symptoms. It may be as well as tarentula prescribed in cases where cantharis is not well tolerated. The third trituration may be administered every two to four hours.

Tarentula.—An analogue of cantharis, this drug is frequently prescribed, with success, in acute cystitis. Same method of administration as the preceding.

Terebinthina.—This drug and its analogues so frequently employed in the old school, resemble cantharis in many of their symptoms. A considerable hæmaturia during acute cystitis is an indication for terebinthina.

Eupatorium Purpureum.—Scanty and even suppression of urine, with extremely painful tenesmus, agitation, groaning, dull and deep pain in the bladder and kidneys. The presence of gravel in the urine is also an indication. From the first to the sixth decimal dilution.

Chronic Cystitis.—Cantharis is also here the principal remedy where there are pain and tenesmus, with purulent deposit in the urine.

Dulcamara.—The chief remedy when the deposit in the urine is principally mucus. The urine is viscid, turbid, whitish, with a white and viscous deposit of a bad odor. The third dilution is usually prescribed, though in case of resistance one may employ the mother tincture, in ten to twenty drop doses, daily.

Calcarea Carbonica.—Indicated in a similar condition, with very fetid urine and difficult and incomplete urination. From the sixth to the twelfth decimal, two to three doses per diem.

Uva Ursi.—A traditional remedy in urinary affections. It modifies very well catarrh of the bladder. The infusion is generally used. He prescribes the mother tincture, ten to twenty drops, at a dose.

Surgical Treatment.—This consists of washing out the bladder or permanent opening of that viscus through the perinæum.

In vesical irrigation usually a 1 : 100 boric acid or a 1 : 1000 or 1 : 2000 solution of carbolic acid is employed.

Opening the bladder through the perinæum or vagina, in women, is only justifiable in very rebellious and chronic cases.

One should advise the patient to avoid all stimulating foods, alcoholic drinks, tea, coffee, pepper, etc. A diet containing too much nitrogenous foods is also not permissible. Milk, eggs, vegetables and fruit should form the greater portion of the patient's diet. All exposures to cold should be avoided, a warm country is the best place of residence, where some cases have even been cured.—*L'Art Médical*, No. 12, 1893.

TREATMENT OF DROPSY.—Dr. Th. Hengstebeck, in dropsy of pulmonary or cardiac origin, recommends those remedies which increase the force of the heart impulse, raise the blood pressure, and augment the dark and concentrated urine from renal stasis. Here the remedies kali carb., digitalis, adonis, strophan., cactus grand. and china are all best given in lower dilutions. In order to keep the urinary secretion well increased such drugs as arsen., apis, scilla, kali iodic., nitrum, benzoic acid, lycopodium and natrum sulph. may be administered. In extensive dropsy, however, one will suffer many a bitter disappointment, and death may appear as the only relief. In dropsy of renal origin apisin, 5x, will be of service, a dose every hour, or acetic acid 5x, which has been unjustly neglected, in renal dropsy. It stands on a middle ground between arsenic and apis. If there be increased thirst and gastric symptoms then think of ars. alb. 5x, phos. 5x, calcar. arsenicos. 4x, the ferro-citrate of quinine 3x, with considerable anemia, blatta orientalis 2x, coccus cacti 2x. These homœopathic remedies will not irritate the kidneys and complicate the condition like the usual drugs used in allopathic treatment. Hot baths, wet packs, regulation of the stool bowels, with podophyllin, leptandrin, sulphur and nux, are also to be attended to. By warm baths and regulation of the bowels a large portion of the accumulated fluids are vicariously carried out of the system, and part of the burden removed from the kidneys. In ascites a successful treatment can only be possible when the original cause is removed or accessible. In tumors of the liver and those compressing the portal vein, the results of an eventual operation being unfavorable, one must have recourse to some drug as codeine in order to relieve pain. In other more favorable cases the basic affection is to be attacked. In the cirrhotic liver of alcoholics carduus marianus, quassia, chelidonium, fluoric acid, leptandra virg., and the diuretics: ars., apocynum, nitrum, coccus cacti, etc., are of service. In the associated gastric symptoms nux and carbo veg. are useful. If there has been a previous syphilitic infection nitric acid and the mercurials, mercur. solubilis, the biniodide, corrosive subl. etc. In Germany the black radish is employed as a domestic diuretic, but only those with strong stomachs can tolerate it. It is cut or grated into fine pieces and eaten with salt. A soup of string beans is also warmly praised. One may take two to three handfuls of the beans to a quart of water, boil it for three to four hours, until about three-quarters of a quart of the infusion remain. Then strain through a sieve. This to be taken during the course of a day. It must be used for some time. The results are fairly good.—*Leipziger Populære Zeitschrift Fuer Homœopathie*, Nos. 21–22, 1893.

TREATMENT OF THE GRIPPE.—In the *Leipziger Populære Zeitschrift Fuer Homœopathie*, No. 1–2, 1894, the following remedies are recommended in the treatment of influenza:

The best remedy for the disease during the summer months was mucurius sol., but it is of no value in winter. Already, in October, the influenza began to set in with severe inflammatory states of the larynx, fauces, etc., which indicated kali bichromicum. But, for four to six weeks it had again altered its character, and showed a tendency to combine with pleuritic complication. The associated headache, which seems as if it would burst, with a torturing, dry, incessant, and irritating cough, which is slow to become looser, with the severe thoracic pains and the painfulness to pressure in the præcordium, point to *Bryonia* as the remedy. This remedy has, from the experience of many, shortened and rendered the disease milder. If, on the contrary, the cough is loose and the pains have disappeared, *pulsatilla*, or both these remedies may be given in alternation. If pulmonary inflammatory complications set in, then *phosphorus* and *tartar emetic* may be alternated. The patient must be kept warm and in bed. Do not allow him to get up and out too early.

Dr. Feldmann has employed *sarsaparilla* with good results. He holds the in-

fluenza to be a slight uræmic poisoning, on account of the urinary secretion being diminished and occasionally albuminous. Sarsaparilla increases the quantity of urine like bryonia. Otherwise it resembles pulsatilla. To quiet the irritating cough *sepiæ* has been recommended by several writers. In prescribing both bryonia and pulsatilla care should be taken that the preparations be made from fresh plants, for, if made from the dried plants, the tinctures are inactive. Drying ruins these two plants for medicinal purposes. The anemone camphor, contained in the pulsatilla plant, on drying, is converted into two inactive substances, anemonin and anemonic acid.

ANTIMONIUM TARTARICUM.—The most noticeable mental symptoms are: great depression, irritability, fear of being left alone, shifting moods of levity or anger. In severe cases of pneumonia one encounters delirium with muttering and stupor, which are of this remedy's indication. Its symptoms of vertigo are largely analogous to those of *antimonium crudum*, but present more confusion, less nausea, more intellectual obtusion, less prostration, although the tongue of *antimonium tartaricum* may be a little white and dry like that of *antimonium crudum*; it is generally red and dry, showing in the centre, as in *veratrum viride*, but with less excoriation and pain.

TREATMENT OF HYDRONEPHROSIS AND PYELITIS.—Dr. P. Jousset, of Paris states the treatment of hydronephrosis to be nearly nil. He prescribes *uva ursi* which has been shown to have an action on inflammation of the renal pelvis when it is due to a calculus. It diminishes the inflammation, and pain in the urethra and possibly thus aids the expulsion of the calculus to which the whole affection is due. When the distension is very great, aspiration under complete asepsis, will give great relief, and, in some cases, bring about recovery.

Treatment of Pyelitis.—It may be of calculous, gonorrhœic, gouty or tuberculous origin. The principal remedies are: cantharis, belladonna, *uva ursi*, copaiva, and terebinthina, in the acute forms; arsenic, china, hepar sulphur, and silica in the chronic and tuberculous forms.

Cantharis.—Indicated both by pathogenesis and clinical experience, it is not only the principle remedy, in the acute but also in all periods of the disease, when the urine becomes purulent or sanguinolent and micturition is associated with painful tenesmus. From the sixth to the third, three to four times a day. Beware of aggravations.

Belladonna.—Indicated, temporarily, when the pains are severe. Mother tincture every two to three hours.

Uva Ursi.—Hughes recommends this remedy as very efficacious in pyelitis. He claims that he has cured cases of calculous inflammation of the pelvis with it. A trituration of the leaves is better than the tincture.

Copaiva and Terebinthina.—These two drugs have produced, in man, inflammation of the renal pelves. Pain in the region of the kidney, tenesmus, hæmaturia, and albuminuria. No personal experience with it. Terebinthina is of service where the pains are burning, violent, and tearing in the renal region; there is pronounced strangury, the urine is scanty and bloody, micturition more frequent during the night, the urine contains epithelial cells, casts, and albumin. No dose fixed as he has not employed it.

Arsenicum.—Cachectic state caused by long-lasting suppuration or by tuberculous pyelitis. Hæmaturia, with burning pain, albuminuria, with weakness. Emaciation and œdema also indicate it. Colliquative diarrhœa and hectic fever complete the picture. Third trituration.

Hepar Sulphur.—A good remedy in chronic suppuration. The urine is turbid, whitish, and depositing a whitish purulent sediment. Sometimes it will produce a state simulating renal colic which renders it the more indicated in calculous pyelitis which is often accompanied by more or less pronounced symptoms of renal colic. Sixth dilution, three to four times a day.

Silica.—Though this drug does not present symptoms in the urinary organs it is of value in suppuration. He recommends a high dilution and claims that it will not act in low attenuations (?).

China and Sulphate of Quinine.—Hughes insists on the value of china in chronic suppurative pyelitis. No dose given. Sulphate of quinine should be reserved for the pernicious attacks, observed during the acute period of the disease. Dose: one gram (fifteen grains to one and a half grains, twenty-two grains) administered during the decline of the attack.

Dietary.—During the acute period of the affection and as long as the fever lasts limit the diet to milk. Later a mixed diet, i.e., milk and eggs, vegetables, meat, which may be increased as the patient improves. In chronic suppurative and especially tuberculous pyelitis, milk is best given though some meat may be allowed. Wine is rarely to be permitted and only when diluted with water. Tea and coffee, are to be administered only as tonics and restoratives.—*L' Art Medicate*, No. 11, 1893.

PLUMBUM IN INTESTINAL OCCLUSION.—Dr. Arriaga, of the City of Mexico, reports the case of a woman of seventy-three years who was seized with symptoms of intestinal occlusion, violent intestinal colic, nausea, obstinate constipation, slight meteorism, complete anorexia and no fever. Nux vomica quieted the colic and plumbum first in the twelfth, and then in the thirteenth attenuation, gradually brought about recovery, within four days from the beginning of the affection.—*La Homœopatie*, No. 9, 1893.

A CASE OF CAPILLARY BRONCHITIS CURED BY PHOSPHORUS.—Dr. Rafael V. Castro, of Mexico, was called to a child of four years, of lymphatic temperament who, with capillary bronchitis under allopathic treatment, had grown steadily worse. Extreme paleness, great dyspnoea, cyanosis of the extremities, pulse small and accelerated, respiration 40 per minute, sibilant and fine râles at the bases of the lungs, restless, short cough, and insatiable thirst. Bry. was given; aggravation of symptoms. The next day phosphorus, 3x. The following day the child was quiet, had fallen asleep after sweating; the dyspnoea insignificant, the cyanosis of the extremities had disappeared, resp. 36, pulse regular though weak, the râles had greatly diminished. The improvement continued, the same remedy being given, and nine days after he was first called, the child was well.—*La Homœopatie*, No. 8, 1893.

PROPHYLACTIC MEDICATION.—In a recent meeting of the Central Belgian Homœopathic Association the subject of homœopathic prophylactic medication was considered. Dr. Martiny believed in the efficacy of belladonna in scarlatina and cited several examples. Sarracenia he has found valuable in preventing small-pox, in exposed patients. Dr. Lambrechts, Jr., has employed sarracenia in twenty cases of small-pox. His results were all favorable with it both as a preventative and a curative agent. Dr. Gaudy has used belladonna, with success, prophylactically in scarlatina. In measles he warmly recommends arsenic as a preventative and in the treatment of the disease. Indicated in all the stages of the measles it is especially serviceable in the sequale. Thuja and sarracenia he has employed with success, in small-pox. Dr. Martiny has used arsenic, frequently, in the after affections of measles. Bryonia is often indicated in this disease and pulsatilla though recommended, he has found inactive. Dr. Lambrechts would suggest tartar emetic as a preventative of small-pox according to its symptomatology.—*Revue Homœopathique Belge*, No. 7, 1893.

APOCYNUM CANNABINUM AS A DIURETIC.—Dr. Mossa reports the following cases as illustrative of the diuretic action of apocynum:

A girl who had suffered, for eight months, from dropsy, probably of cardiac origin, had been under allopathic treatment, without result. She presented dyspnoea, the dorsal decubitus was impossible, œdema of the lower extremities and abdominal parietes, dry tongue, immoderate thirst, urine scanty, on percussion, a dull sound and no respiratory murmur, in the lower portions of the lungs. Two to five drops of the tincture of apocynum were given in water, and of this a teaspoonful every three hours. In four weeks she had completely recovered. Though the diagnosis was not clearly outlined the result was good.

A man of sixty-four years, who, for several months, had suffered from dropsy in consequence of organic heart disease, which treatment did not seem to relieve, complained of severe dyspnoea and orthopnoea; while in the sitting position must be supported. His stomach was in such an irritable condition that he could not retain a swallow of cold water. His face was anxious, abdomen swollen and his urine entirely suppressed. Considerable œdema. Apocynum was given as in the preceding case, with a recovery in fourteen days. An old man of sixty-two years, after an attack of typhoid fever, suffered from ascites of the peritoneal cavity, with œdema of the skin. His abdomen was distended and painful. Pulse weak and irregular. His skin dry and desquamating. Urine highly colored—red—and scanty. Mic-

turition painful, breathing difficult. Apocynum cured. A boy of eight years, after scarlet fever, suffered from hydrothorax and edema. His face, neck, thorax and limbs were swollen, he gasped for breath, was unable to speak, and only could answer by signs. Sensorium undisturbed. Apocynum. Recovery.

Two other cases of abdominal dropsy, after cessation of the menses, with congestion of the liver and the portal vein were also cured with the same remedy. Though he employed the tincture, the infusion is said to be more efficacious.—*Allgemeine Homœopathische Zeitung*, Nos. 1-2, 1894.

ATROPINE IN TRIGEMINAL NEURALGIA.—Dr. Mossa was consulted by a woman of thirty-four years who, as an inn-keeper's wife, was subjected to sudden changes of temperature, varying from that of the kitchen to that of the cellar. She was blonde, slender, and of a vivacious temperament. For some time she had suffered from facial neuralgia, which would continue for hours or even days. Recently it had altered in character, for the pain was very violent of nights, with a sensation of weight on the vertex, as though the brain were pressed downwards with a stitching pain in the left temple, which shot down through the ear into the upper lip. The left half of the face was sensitive, her mouth and throat dry, while during the pain saliva poured out in a continuous stream. Chewing increased the pain so that only fluids could be taken. Also a spasmodic and constrictive pain was felt in the stomach, and extending into the chest. The otherwise healthy woman, by loss of sleep from pain, had fallen into such an irritable state that the slightest noise disturbed her. Warmth relieved. Occasionally a chilly feeling would run over her. Her cheeks had lost their usual red color, and she was pale and her skin cool to the touch. Atropine, 3x, was given two drops, in a teaspoonful of water, every three hours. That night she slept two hours. The pain gradually decreased—to disappear in two days. The cardialgia also left her. In neuralgic pains, without congestive phenomena, he preferred atropine to belladonna, for here the alkaloid is prompter in its action than the plant.—*Allgemeine Homœopathische Zeitung*, Nos. 1-2, 1894.

HOMŒOPATHIC REMEDIES HYPODERMICALLY.—Dr. Neuschaefer has experimented with homœopathic drugs hypodermically. The first patient was a scrofulous girl of nine years, who was covered with ulcerating patches, scattered here and there over her whole body, and secreting a stinking pus, so that the dressing had to be changed two to three times within twenty-four hours. She received three drops of tincture of thuya in water, by hypodermic injection into the back. The next morning he found that she had slept well the entire night, the ulcerating surfaces had remained dry, and the child felt quite well. Since then he had treated a large number of patients with scrofulous eye diseases, with favorable results, by subcutaneous injections of the indicated remedy. In a case of grave diphtheritis, with laryngeal complications, he injected mercurius cyanatus 30x, hypodermically. There was danger of suffocation, and a tracheotomy seemed indicated. Before midnight the child had had a hard struggle for air, after midnight it slept quietly, and awakened much refreshed. In the morning the temperature had gone down, and respiration was easy. In eight days she was able to walk to school, a quarter of a mile away, on a cold, wintry day. This was his first case. Since then he has treated nineteen cases of diphtheria without a single fatal case, while in a neighboring city fifty per cent. died. In Frankfort he has treated 65 cases thus, with a death rate of 3 cases. The first was a scrofulous child, without any power of resistance. The second was a septic case that infected the mother, who also escaped with great difficulty. The third recovered, but after exposure perished from an infectious nephritis. Recently, instead of the thirtieth, he employs the fifth potency, as it is more reliable. After injection the temperature falls, sleep follows, etc. Simultaneously he gives the cyanide with the chlorate of potash, internally, every two hours. Eight days generally suffice for a cure. If fever sets in, the membrane persists, or the larynx be attacked, a second injection may be given. In very grave cases bromine water 1:1000, or kali fluorium may be also given, every fifteen minutes to half hour. He also employs cold applications around the patient's neck, to the abdomen, and cold, wet stockings to the patient's feet. Cover these with dry cloths.—*Allgemeine Homœopathische Zeitung*, Nos. 1-2, 1894.

ARNICA IN SENILE PNEUMONIA.—Dr. Goullon, of Weimar, Germany, treated a man of eighty-four years, who was seized with a focal pneumonia pain in the side, no cough at first, fever, and in a few days a tough sputa, with isolated drops of blood in it. No dyspnoea. He was tortured with a violent thirst, his tongue was covered

with a thick, furry, brownish-yellow coating. No remedy appeared to help him, when arnica, in the tincture, every two hours was tried. The next day he felt entirely different, he had slept well, which was not the case the night before, and only the disagreeable thirst remained. The peculiar coat on his tongue came away in shreds, like a pseudo-membrane, so that the red and tender membrane beneath permitted him only to drink milk, while no solid foods could be swallowed. His pulse was strong, he felt well, and after eight days he had recovered.—*Allgemeine Homöopathische Zeitung*, Nos. 1-2, 1894.

STELLARIA MEDIA.—This plant (chick-weed) has remarkable effect on rheumatic gout. In the provings are the following symptoms: Pains of a rheumatic character over the right side of the head, especially toward the back; parts sore to the touch. Rheumatic-like pains through left half of the forehead, over the eye; sore to the touch. Darting pain in the right eyeball, sore to the touch; flushes of heat below right eyelid; dimness of vision. In the stomach and abdomen we find slight nausea; frequent eructations; stomach and bowels sore to touch; pains around umbilicus. Stools loose, dark-brown, attended by slight pains. Sensation as if the liver were too large for the body; burning pains in region of the liver, with soreness to touch. On the extremities the action is marked. Rheumatic-like pains in the left foot, in the ankles, in the left knee gradually extending up along the thigh; similar pains below right knee-cap, and stiffness of the joints in general. The pains are worse from motion, and the parts sore to touch.—*Homœopathic World*, December, 1893.

JABORANDI IN VOMITING OF PREGNANCY.—Mrs B., in the sixth month of her first pregnancy, had been suffering for some two months from the most violent nausea and vomiting, and had become a "mere shadow of her former self." She had been under old-school treatment for a month to no purpose and finally with consultation the physician decided upon an abortion as the only means of saving the mother's life. Here the family interfered and decided to try a homœopathic physician, and the writer was called. The patient was found suffering from most violent salivation, continual nausea and vomiting as soon as she swallowed either solids or liquids, comparatively no pain, sense of goneness in abdomen and very nervous. Remedies were administered for ten days without any results, even diluting the os had no effect. Finally *jaborandi* 3x was given on account of the salivation. The patient spent a good night, and next morning the salivation was decidedly less, nausea and vomiting better, and in four days she had greatly improved. She now retained her food, gained strength and went to full term and was delivered of a fine boy, thanks to *jaborandi*.—M. A. Curtis, M.D., in *Medical Century*.

THROAT AND CHEST SYMPTOMS OF CISTUS CANADENSIS.—This is a valuable remedy for certain affections of the throat and chest, especially when attended by dryness, rawness, tickling and pain. There is constant hawking and expectorating of bitter tasting mucus; continual feeling of heat and dryness in the throat, which necessitates a constant swallowing of saliva to relieve the same; raw sensation in the chest extending into the throat, and a feeling as if there were an accumulation of sand in the throat; very glassy appearance of the inside of the throat, which is covered with strips of tough mucus; itching and tickling in the throat, with soreness; the inhalation of cold air causes soreness and pain in the throat; dryness of the tongue and soreness of the throat: sharp stitches in the throat, with cough, which causes great pain; tasteless, thick, tough phlegm hawked up in the morning; dry and inflamed fauces; cough caused principally by the sharp stitches in the throat, accompanied by tearing pain in the throat; cough, with an eruption of small tumors on the neck; bleeding at the lungs, with glandular swellings and ulcers on various parts of the body, and other scrofulous symptoms; scratchy and itchy feeling in the larynx, with pain in the trachea; feeling as if the trachea were being compressed; great pressure on the chest; on lying down at night an attack resembling that of asthma came on, causing a loud wheezing on inspiration.

The above symptoms are worse in the morning, with the exception of the dryness of the throat, which is more severe between noon and midnight.

Cistus canadensis is of great service in catarrh of the larynx and trachea; it is one of the most valuable remedies we possess in affections of a scrofulous nature, especially those characterized by glandular swellings, ulcers, abscesses, and bleeding at the lungs.—*Homœopathic World*, Jan., 1894.

THE HAHNEMANNIAN MONTHLY.

APRIL, 1894.

INFANTILE TYPHOID FEVER.

N. TOOKER, M.D., CHICAGO, ILL.

(Professor of Diseases of Children, Chicago Homœopathic Medical College.)

DEFINITION.—According to the best authorities, the definition of typhoid fever is: an acute infectious disease, lasting from ten to twelve days, or longer, characterized by gastro-intestinal catarrh, febrile movement of continued type, marked prostration, rapid wasting, mild nervous symptoms, and, in a certain proportion of cases, a scanty and scattered eruption of rose-colored spots, which disappear on pressure and are developed in successive crops.

But the folly of considering and treating disease by name is nowhere better illustrated than in the fevers which are so common in early life, the symptoms of which are in many cases totally unlike those ascribed to typhoid fever in adult life.

A typical case of typhoid in the adult is almost unmistakable. No other disease runs a more regular course. The prodromal symptoms are very significant. The mental state is not like that of any other fever. The tenderness over the illio-cæcal region is usually pronounced. The temperature curve alone is almost pathognomonic. From start to finish the disease is accompanied with signs of fairly plain significance. But this is not the case with infantile typhoid. In early life, that is to say, under ten or twelve years of age, the dis-

ease does not exhibit those clearly defined symptoms which characterize it in after years.

For example, a child is taken ill and has fever; the fever remits in the morning and increases at night; there is anorexia, headache, nausea, nervousness, perhaps delirium; the tongue becomes dry and furred down the centre; the bowels are at first constipated, then loose; the fever continues day after day with the same morning remission, the same evening exacerbation; there is more or less meteorism, and the surface over the bowels is sensitive to the touch. But is this typhoid? There are no rose-colored spots; no regular gradation of temperature, no swelling of cervical glands; no symptoms of pneumonia, and there is no indication of scrofulosis or tuberculosis. The only objective sign of unmistakable import is persistent fever. This symptom continues with some modifications and variations for days or even weeks, until at last, after great loss of strength and flesh, we find a subnormal temperature lasting for several days, a slow return of appetite, a gradual renewal of health and strength, and after a tedious convalescence the child is quite well again.

But was this a case of typhoid fever? The difficulty has long been a puzzling one. It has led some German authorities—Lebert, among others,—to adopt the term “Infective Gastritis” for febrile attacks of this kind. Certain English authors have attempted to bridge over the difficulty by employing the still looser expression “*Gastric Fever*.” It may be repeated that typhoid fever as seen in infancy and early childhood does not present these clearly defined symptoms which characterize the affection in adult life. Indeed, it holds so loosely to the type that the landmarks are practically lost. The use of the term “typhoid” under any circumstances, regardless of age, is a misnomer, and is open to serious objections. It presupposes that a more or less close relationship exists between it and typhus, when in reality no such relationship exists. The use of the term “enteric fever” in this connection is equally objectionable, for the very good reason that in children there is no constant abdominal lesion attendant upon the disease as there is in adults, and so we have, under this nomenclature, an enteric fever without any enteric involvement.

Infantile remittent does not quite cover the requirements of the case, because all fevers of infancy are subject to remissions and exacerbations, and the use of the term is at best so indefinite that it is fast becoming obsolete.

Rétaining the term typhoid, however, we shall include under this head all of those fevers of childhood of an infectious nature and continued type, charging up this indefiniteness of characterization to the versatility and inaccuracy of the disease itself. Continued fever, unless due to subacute and protracted enterocolitis, is rare in infancy, but becomes more and more prevalent from five or six years of age upward.

Ætiology.—From what has just been said it must be apparent that no one cause can obtain in all cases of this disease. Even in those cases which are unmistakably specific in character, with enteric involvement, typical temperature, rose-spots and bronchitis, the direct cause is in many cases doubtful. The disease, even in adults, is only mildly contagious, and then only through the medium of the evacuations. It is undoubtedly spread by means of contaminated drinking water, milk and possibly ice. Among the causes which are worthy of mention in this connection are: breathing impure air from sewers, cesspools, or cellars containing decaying vegetables. But these causes abound so frequently without producing typhoid fever that they must be regarded as predisposing rather than direct causes.

Changing residence from country to city has frequently been noted as a conducing cause, age and other circumstances being also considered. To our mind, the autogenetic origin of typhoid fever has never received the consideration which it is entitled to. Mention has already been made of the fact that certain German authorities speak of the disease as an infective gastritis, meaning, as we take it, that the system is infected or poisoned by its own perverted secretions. When we consider the miles upon miles of lymphatic canals and the infinite number of large and minute lymphatic glands, all of which are essential to the proper and orderly conduct of the machinery of life, and that their free and unembarrassed function is absolutely necessary to carry away the products of decomposition and decay, as well as to furnish the materials for the “renewal of life,” it is doing no violence to logic nor to the science of physiology to suppose that these living sewers, these vital emunctories, may become, under certain circumstances, carriers of filth and promoters of disease.

What is true of typhoid is also and equally true of those pseudotyphoids which are equally or even more common in early life, and for which no better appellation has been found than continued fever. In all cases the organism has become infected, either from within or

from without, and the phenomena of fever is nature's method of disposing of the infection—a sort of cremation of morbid products and unworthy materials.

Symptom and Cause.—The fever is, generally speaking, insidious in its work, being rarely inaugurated by the chill which characterizes its commencement in the adult. Older children may experience chilliness, or even a distinct rigor, but only in severe and exceptional cases. Headache and loss of appetite are among the early symptoms, perhaps accompanied with occasional vomiting.

During the day there may be but few symptoms, and those of indefinite type, such as languor, dulness or fretfulness, though symptoms of fever, with weak pulse and dry skin, are not wanting to careful observation. Towards evening the face becomes flush, or a red, burning spot surmounts one cheek like a hectic glow; the headache is intensified, the lips become red, and the tongue dry. The child's sleep is restless and disturbed by mild delirium. As morning approaches the fever subsides, the sleep becomes more quiet and hopes are entertained of speedy recovery.

Day after day the same history is repeated. The febrile movement becomes more pronounced as the disease progresses. The morning remission and the evening exacerbation continue, until after a time the abdomen becomes tumid, the spleen is enlarged, diarrhœa sets in, and the child becomes rapidly emaciated. Somewhere between the sixth and the twelfth day, in the majority of cases, the rose-colored eruption appears. In some cases the number of spots is less than half a dozen. They are widely scattered over the abdomen, disappear on pressure and reappear slowly when the pressure is removed. They appear in successive crops, each crop remaining visible for two or three days. The headache, which is more or less prominent in the initial stage, in the majority of cases, ceases as the disease becomes established. Epistaxis occurs occasionally during the first week, but is not abundant nor troublesome. A mild bronchitis is nearly always present with accelerated breathing and more or less cough. This is usually not developed until the second week of the fever. Abdominal tenderness, especially on the right iliac region, is often present, but must not be mistaken for the hyperæsthesia which is common to all fevers in children, and which is observed especially over the abdomen, chest and inner portions of the thighs.

The temperature in infantile typhoid is subject to great and singular variations. The remissions often present no regularity from

day to day in the time of their occurrence. If the temperature be taken every two or three hours, it will show a remarkable irregularity, sometimes running up and down several times in the course of twenty-four hours. The acmé may be reached at any hour, but there is a tendency to the occurrence of two distinct exacerbations, one at about four o'clock and the other at nine o'clock P.M. But there is no stated regularity about it. The pulse is apt to follow the temperature quite closely in its rise and fall, but exceptions to this rule are numerous.

It is not uncommon in this disease to have a temperature of 103° F., or even higher, and a pulse considerably under 120.

On the other hand the pulse may be as rapid as 150 or more, and recovery take place. In some cases the rhythm and force of the pulse is much disturbed, and may even be dicrotic; but a dicrotic pulse in childhood is much more rare than in adult life. Diffuse bronchitis and broncho-pneumonia occur as complications in a certain proportion of cases. In the majority of instances the bronchitis is of moderate intensity, and ceases as soon as the fever has spent its force.

Hypostatic congestion, due to position and feeble circulation, is by no means uncommon. It is usually limited to the posterior portions of the chest and the bases of the lungs. Symptoms indicative of disturbance of the digestive organs are practically the same as in adults. There is generally but little desire for food during the progress of the fever, and thirst is easily satisfied. When convalescence begins, however, the appetite is ravenous and difficult to control. As a rule the tongue is red at the edges and tip, and is covered in the centre with a pasty yellowish-white fur, which in the course of the disease gives way to a smooth, bright red and varnished look. Sordes on the teeth and gums are not common in childhood. The lips are apt to become cracked and fissured, and covered with superficial crusts. Aphthous ulcerations also occur on the tongue and at the corners of the mouth. The condition of the bowels is extremely variable. In the commencement of the attack constipation is the rule. In its later course there is a marked tendency to diarrhœa, the number of passages varying from two or three to ten or more in the twenty-four hours. The stools are apt to show the well known appearance of thick pea soup, and divide, upon standing, into an upper cloudy quite liquid layer, and a lower stratum composed of greenish yellow masses. Except in the case of very young infants the evacuations are under the control of the will. In very severe and critical cases only do they become involuntary.

Intestinal hæmorrhage is rare in infancy and childhood, although in exceptional cases it does occur. The late Dr. Earle, of this city, had a case of fatal hæmorrhage in an infant twenty-two months old. Post-mortem examination revealed the characteristic lesions of enteric fever. The spleen is very generally enlarged, although probably not more so and no more frequently than in other acute infectious diseases. In cases in which the fever runs unusually high, the spleen is apt to be involved early in the course of the disease, but pain over the spleen is rare, and the enlargement of this organ begins to subside with defervescence. It has been noticed in cases of relapse that the spleen continues enlarged during the interval between the primary attack and the relapse.

The nervous symptoms in infantile typhoid fever are not so pronounced as is the case with adults. Headache is common as a predominant symptom, and is common especially at night during the first week of the disease. The delirium is generally moderate and mild, and confined generally to the night time, and is sometimes associated with night terrors.

It is transient and recurrent rather than continuous, and of the type known as wandering delirium. In very young infants delirium is apt to be replaced by sudden sharp and prolonged outcries. In older children we have the same character of delirium as in adults. Twitching of the muscles of the face and hands—the so-called *subsultus tendinum*—is common, but plucking at the bed-clothes, even in the worst cases, is rare in childhood.

Enteric fever differs from scarlatina in the extremely rare occurrence of acute nephritis as a sequel. It is said that menstruation in girls at puberty is apt to be profuse and prolonged. In some cases, however, it is very scanty or postponed until convalescence is fully established.

Enteric fever does not, during its course, confer any immunity from the ordinary diseases of childhood. If anything, the reverse is true. Instances are recorded wherein measles and scarlatina have either preceded or followed the disease, or have coexisted—the eruptions merging the one into the other.

Duration.—The duration of enteric fever in childhood is very variable; many cases last only ten or twelve days, while others last twice as long. It is probable that in many instances the fever has been in progress for several days before attention has been attracted to it. In some cases, doubtless, the primary fever is overlooked altogether, and the physician is called only at the time of relapse.

Diagnosis.—If we attempt to discriminate between true typhoid fever as it occurs in infancy and that other form, which is much more common and in which there is no evidence during life of any enteric lesion—the simple continued fevers of some authors—we shall have to be very exact in our observations and very expert in our examinations. It is much easier to exclude such diseases as the eruptive fevers, malarial fever and acute tuberculosis. The latter especially presents many symptoms that might lead to confusion. The insidious onset is the same in both diseases and the temperature is subject to the same oscillations; vomiting is often seen in the early stage of typhoid as well as in tuberculosis, and in the latter affection diarrhœa is by no means uncommon. Only careful observation continued for quite a period of time will suffice to distinguish one from the other. It is sometimes a very difficult matter to distinguish typhoid from meningitis. The frontal headache is common to each, so are muscular tremors, and in meningitis of tubercular origin there may be pleurisy, bronchitis or even some evidence of local consolidation. In the latter disease, however, there is likely to be intolerance of light and the temperature is not usually as high as in typhoid fever.

Subacute enteritis or entero-colitis has many features that simulate typhoid; but in the latter there are bronchitis and cough, while in the inflammation these are wanting. There is absent, also, the headache, epistaxis and delirium, nor are there any rose spots. Should there be, or have been, other cases of typhoid fever in the house or family, this fact would materially aid in clearing up the diagnosis.

Treatment.—A case of fever such as we have been considering may be of all grades of severity. As we have seen, many cases are atypical. In some cases the bowels are slightly or severely implicated, in others not at all. It would be manifestly absurd, under such circumstances, to treat all cases alike, or to expect that any one remedy can be of universal efficacy either to abate the fever or modify its course. There is no such remedy known. Each case must be individualized and treated symptomatically. Sometimes a single symptom may stand out with such prominence as to point to the appropriate drug, but more often the totality of the symptoms will afford a better guide.

The fact must not be forgotten that water is the great antipyretic. By its judicious use the intensity of the fever can be materially abated, and when the nervous symptoms are prominent water is wonderfully tranquilizing. We have no words but those of censure

for that heroic hydropathy that plunges a fever patient into a bath of 68° F. or lower, and repeats the shock every two or three hours. Such a procedure is dangerous in the extreme. But the entire body may be sponged over with tepid water, or water and alcohol, once a day or oftener if the temperature runs high, and with excellent results.

When defervescence is tardy and the skin is devoid of perspiration, the wet sheet pack given as directed in our introductory chapter will be preferable to the sponge bath.*

The diet of the patients is of the greatest importance. Where fresh milk is used it should be boiled and strained, and then may be given either cold or hot, whichever is preferred.

When the stomach is irritable or milk does not agree, koumis or buttermilk may be substituted. Barley water or weak mutton broth is permissible with older children, but beef tea and chicken broth are not suitable for any cases. Starchy foods should be avoided, for the secreting powers of the salivary glands and also the pancreas are often seriously impaired. During convalescence great care must be exercised lest the weakened digestive organs be overtaxed. At this time the food should consist of easily digested articles, such as bread and butter, light puddings, custards and meat broths, but solid food ought not to be eaten until the temperature has been normal for a week or more.

NOTE.—The internal treatment of infantile typhoid fever is here omitted for lack of space. The number of drugs which is called for in such a kaleidoscopic disease is too large for even casual mention. There is no single remedy of general application. Each drug must be studied in its minutest shades of action, in order to get at the true similitum.

VAGINAL HYSTERECTOMY.

BY SIDNEY F. WILCOX, M D., NEW YORK.

(Read before the New York County Homœopathic Medical Society, February 8, 1894.)

SEVEN cases of any operation is hardly enough to furnish food for a paper for a scientific society; but having in those seven cases gone through the various phases of operative procedure, I venture to give

* Reference is here made to the forthcoming work of Prof. Tooker on *Diseases of Infants and Children*.

my conclusions in connection with my experience in vaginal hysterectomy.

The first case was operated on nearly four years ago for Dr. Schley. It was a woman of about fifty years of age who was flowing profusely, although she had passed the menopause. From scrapings made by Dr. Schley, Dr. Louis Heitzmann had diagnosed sarcoma of the uterus, involving principally the endometrium. The patient was operated on on the last day of June. After freeing the uterus anteriorly and posteriorly from the bladder and rectum. The broad ligaments were tied in sections with heavy silk ligatures, and the uterus cut away as each section was tied. No stitching was done. The sides of the wound were allowed to fall together, the vagina packed with iodoform gauze, and the patient enjoined to lie perfectly still in bed. The gauze was removed on the tenth day and the vagina repacked. There was considerable sloughy odor at each dressing. At the end of a month all of the ligatures had come away and the wound was healed. There has been no sign of a return, and the patient enjoys perfect health.

The second case, about two years ago, was of a lady of about the same age as Case I. Clippings from intractable ulcers of the cervix were pronounced by Dr. Charles Heitzmann as carcinomatous.

The uterus was much enlarged. The operation was done the same as in Case I., with little variation as to technique, and with an equally good result up to date.

Case III., at the Flower Surgical Hospital, was much worse than either of the former. The cervix had been amputated previously for cancer, and the uterus was partly fixed by adhesions.

The prognosis as to result of the operation was dubious, but at the earnest solicitation of the patient and her brother, who was a physician, I made the attempt.

The bladder and rectum were easily freed from the uterus and the peritonæum opened, and a portion of each broad ligament severed; but it was found that the utero-sacral ligaments were so infiltrated that it was impossible to draw the organ down, and the operation had to be abandoned. Possibly, if Kraske's sacral operation had been resorted to, the operation might have been completed. The patient lived for several months afterwards, and I am inclined to think that the cutting off of a portion of the circulation with the use of a solution of pyoktanin taken internally may have had an inhibitory effect on the growth.

Case IV. was at the New York Medical College and Hospital for

Women. This was a young woman of 34 years of age, suffering from epithelioma of the cervix. She was almost colorless from profuse hæmorrhages. The operation was done last July during very hot weather. The patient was hæmorrhagic, and every cut of the knife, even through the mucous membrane, bled profusely.

Two heavy silk ligatures were tied over sections of each broad ligament, but in the manipulation one of them slipped off. Then came a profuse hæmorrhage, which required thirteen pairs of forceps to control, as the blood seemed to come from everywhere. These forceps were left *in situ*, the handles being wrapped in iodoform gauze.

Nine of the forceps were removed in forty-eight hours, and the rest the next day, but from the pressure caused by them and the low condition of the patient, there was an immense amount of sloughing, which continued even after the forceps had been removed. The tissues seemed to have no power of resistance, and it was only through active disinfection of the wound and stimulating medication of the patient that the gangrenous process could be checked. At one time the temperature ran up to 106° F. After a slow convalescence the patient sat up on the 28th day and was finally discharged well. So far there has been no sign of return.

Cases V. and VI. were both operated on the same afternoon at my clinic at the Women's College.

Case V. was a woman, aged 40 years; operation for complete procidentia. In this case I attempted the Pratt operation; but the uterus was very large, being six inches long, and hyperæmic, and many vessels were tied with catgut. On account of the low reflection of the rectum upon the posterior portion of the cervix, a small opening was accidentally made into it. It was immediately closed with a continuous suture of fine catgut, and never gave any further trouble. The peritoneal slit was sewed up with a continuous suture of fine catgut, the vagina packed with iodoform-gauze. Recovery was uneventful; the highest temperature being 101° F. Patient sat up on fourteenth day.

Case VI. was a young woman, 31 years of age, who had suffered for years from reflex nervous troubles, for which both ovaries had been removed two years previously at the Post-Graduate Hospital. The uterus was retroverted, and impossible to keep in position. She suffered from constant backache, and other reflex troubles, and it was at the earnest request of her friends and family physician that I finally consented to operate; justifying my action on the ground that

the uterus could never be of any use to her, and its removal might give her great relief.

The operation was much the same as the preceding case. A small abscess was found in the posterior uterine walls. A good number of bloodvessels were tied. There was no attempt made to close the wound, but the vagina was packed with iodoform gauze. Recovery was uneventful, and, so far as I could see, the wound healed as readily as in case five, in which the peritonæum was stitched up. The highest temperature after the operation was $99\frac{3}{5}^{\circ}$. Sat up on seventeenth day. Enough time has not yet elapsed to determine the final effect of the operation.

Case VII., operated during the clinic at the Women's College and Hospital, two weeks ago yesterday (January 24, 1894). Patient, a woman 41 years of age. Clippings from obstinate ulcerations of the cervix showed, according to Dr. Charles Heitzmann, "pre-stage of cancer." The separation of the uterus from the bladder was exceedingly difficult, as it was impossible to find any cellular plane between the two organs, and it was only by keeping a sound in the bladder, and cutting in uterine tissue that I was able to keep out of the viscus. The rest of the operation was easy, and only one vessel was ligated during the operation. The edges of the mucous membrane and the peritonæum of the posterior portion of the wound were whipped together with a running suture of fine catgut. I do not think this is necessary, and it takes a little more time, but facilitates the final closure of the wound, as one does not lose the track of the peritoneal edge. The wound was then closed up solid by about six catgut sutures, which embraced all mucous and peritoneal edges. The second day and night after the operation the patient suffered considerable pain, which was due to incarcerated flatulence. Frequent applications of very hot compresses over the abdomen, passing of the long tube, and the internal administration of colocynth and belladonna, relieved her, and after that she got along comfortably. Highest temperature, $101\frac{1}{8}^{\circ}$.

On the eighth day, examination by the speculum showed that the wound was entirely healed, and the patient was out of bed on the tenth day.

In thinking over these cases, I have formed certain opinions, but as the railroad time-tables state it, they are "subject to change without previous notice."

The technique of the operation of vaginal hysterectomy, as im-

proved by Professor E. H. Pratt, is as nearly ideal as possible. Without going into the merits of the discussion between Drs. Southwick and Pratt, as to whom the credit of the operation belongs, we must grant that Dr. Pratt has done much to popularize an excellent method of operating. Regarding the acceptance of his extreme ideas as to the utility of the operation, that is a matter for personal judgment; I certainly cannot declare in favor of his extreme views.

There seems to be a prevalent opinion that Dr. Pratt shells out the uterus as one would a wen, and that he never ties any vessels. Both ideas are erroneous. The peritoneal cavity is opened, and in some cases many vessels are tied, as I learn from actual eye-witnesses of Dr. Pratt's operations. But there are many cases in which no ligatures are required, and I might have got along in Case VII. without even the single ligature which was used. The secret of the whole matter is, that by keeping close to the uterine substance, or even within its substance, small vascular twigs and not large vessels are cut. These thrombose quickly, and the hæmorrhage is moderate. Even this happy result only occurs in small and non-hyperæmic uteri. Where the uterus is large, and very vascular, vessels must be tied or the patient will bleed.

Another thing: When a large portion of the uterine substance is affected by cancerous disease, it will not be safe to leave behind any of its substance, and complete extirpation will necessitate cutting near to or through the larger trunks.

It must be remembered, that in Chicago, a large number of the operations for vaginal hysterectomy are done for reflex neuroses and on atrophied uteri, hence, the easy operation.

There are certain conditions in which the operation seems justifiable.

In cancer or sarcoma of the uterus, either cervical or corporeal, it is far safer for the patient as regards the ultimate outcome of the case than high amputation of the cervix, for, in the latter case, the disease is almost sure to return.

An operation which fails to remove totally the diseased tissue is of no use, and if the entire amount of infected tissue cannot be removed, the operation should not be attempted.

In cases of complete procidentia, like Case V., or in a useless uterus, which is giving trouble, like Case VI., the operation is indicated.

With regard to the coincident removal of the ovaries, Boldt makes

the observation that in cases of women under the menopause, the ovaries retain a certain functional activity even after the uterus has been removed, and there is less disturbance of the system if they are allowed to remain.

As to ligatures, catgut is all-sufficient for every purpose. Silk is unnecessary and prolongs convalescence greatly.

Clamps are only necessary when it is impossible or inconvenient to use ligatures. They cause sloughing by bruising the tissues, and their presence prevents the closure of the womb. As stated by Boldt, they may be the cause of ileus.

One other observation which I have made is, that in cases of cystocele the bladder is apt to be reflected very far down on the anterior face of the cervix. In case of rectocele, a similar condition exists as regards the rectum. It is well to bear these facts in mind, or one may accidentally wound one organ or the other.

I make this report in order to show what a rapid advance has been made in the technique of the operation in a very short space of time. Three and a half years ago, following the instructions given by the best recognized authorities on the subject, I used the silk ligature, and tied before cutting. Forcipressure was used only in one case, and that when no other means could be employed. Now, even with my limited experience, I am willing to declare in favor of the "Pratt method" of operating for vaginal hysterectomy.

NOTE.—Since reading the above, Case VIII. was operated on in my clinic at the New York Medical College and Hospital for Women, February 21, 1894. The patient, a woman about 40 years of age, entered the hospital on account of profuse flowing. On examination the odor was diagnostic. Scrapings from the endometrium were examined by Drs. Harriette Keatinge and Charles Heitzmann, and the growth pronounced to be plexiform lymphosarcoma. It is remarkable that although Dr. Heitzmann has been making daily examinations of tumors for the last twenty-five years, he had not had a case of this variety of growth until within the past week when he had received another specimen showing structure identical with this case. The uterus was very large and extremely hyperæmic but was removed without tying any vessels—but when the uterus had been removed the ovaries and tubes prolapsed into the wound and were also cut away; two catgut ligatures were placed on one stump and one on the other and the stumps drawn down and fastened into the wound which was closed with seven catgut sutures. The patient is doing well.

INTERMITTENT FEVER.

BY E. FORNIAS, M.D., PHILADELPHIA.

INTERMITTENT FEVER (*ague, chills and fever*): This type of fever is the most common manifestation of malaria, and is characterized by regular, periodic paroxysms, separated by intervals (*apyrexia*) of comparative health. It is the form that shows the greatest tendency to relapses. The actual attack comprises three distinct stages: a *cold, a hot, and a sweating stage*; the first characterized by contraction of the peripheral vessels and visceral congestion, with coldness of the surface and rise of internal temperature; the second by arterial relaxation and return of the blood to the surface, with increased thermogenesis and stoppage of secretions; the third by hyperidrosis, restoration of the circulation and subsidence of pyrexia.

ÆTIOLOGY.—Strictly *endemic* in certain hot and temperate regions, especially in damp, marshy lands, or in soils recently cleared of forest or brush and not completely brought under cultivation, and also when soils have been deeply turned up, as in making canals or railways. *Epidemic* at times in tracts of land near the endemic area. *Non-contagious*, but great tendency to relapse. Cold countries and the black race seem to enjoy immunity. Due to a hæmatozoon, first described by Laveran.

SYMPTOMS AND COURSE —*Incubation* not yet determined, probably from six to twelve days or more. The *attack* begins almost always between midnight and noon (while symptomatic intermittents have their paroxysm in the evening), preceded by *yawning and stretching, lassitude, headache and gastric disturbances*, or with a *sudden onset*, and presenting three stages: 1. COLD STAGE: violent *chill*, with *shivering, chattering of teeth, pallor and contraction of features*; the *skin* is pale, dry, shrunken, and presents the appearance known as "goose-flesh" (*Cutis anserina*), the *nails and lips are blue*, and in severe cases the whole *surface is livid*; there is often *aching pains in the back and limbs*; the *tongue* is pale, moist, clean, and sometimes furred; occasionally *nausea and vomiting, great thirst, hurried respiration*; the *pulse* is frequent, but small and feeble; the *temperature* rises rapidly even before the chill (104° and more), the *urine* is pale, rich in urea (Jaccoud), usually increased in quantity. *Duration*: May last for several hours, for a few minutes, or may be so short and slight as to pass unnoticed by the patient. 2. HOT STAGE: The *transition* may be sudden, usually gradual; the *heat* alternates at first with *chilliness*, later it increases progressively for one or more

hours, with *dry, red, burning skin, flushed face, injected eyes, intense thirst, throbbing headache*, sometimes *delirium*; the *tongue* becomes *dry*, the *pulse* and *respiration* *accelerated*, the *urine* *scanty* and of high specific gravity, and the *temperature* may go up one or more degrees higher, in hot climates to 110° or 112° . *Duration*: Usually from two to three hours, may vary from two to twelve hours, or be much shorter and is occasionally not to be observed. 3. SWEATING STAGE: Gradual decrease of surface *heat*, followed by a *gentle moisture* on the forehead and breast and terminating in a general *copious sweat*, of a peculiar sour odor, with a *flow of urine* of high specific gravity, depositing urates; *normal pulse*, subnormal *temperature* and *cessation* of all distressing symptoms, the patient falling asleep, and awaking feeling comparatively well. *Duration*, indefinite, but it appears materially to exceed the other two stages. DURATION OF THE ATTACK: Vary considerable, it may be over in one or two hours, or may last from ten to twelve. As a rule the more severe the disease, the longer the paroxysm. DURING THE PAROXYSM, which usually occurs in the daytime, there is sometimes *pain in the left hypochondrium* from enlargement of the spleen, which is at first transitory and later persistent; after the paroxysm we frequently have *labial herpes*. IN THE INTERMISSIONS we have *apyrexia* and apparent health, or *debility, cephalalgia, backache, gastric troubles*. TYPES: The fever may recur every day (*quotidian*), or every other day (*tertian*), less frequently every third day (*quartan*), very rarely it is *quintan, sextan, septan* or *octan*. The more it departs from the *quotidian type*, the more obstinate it becomes. Sometimes the paroxysm returns every day, but that of the first, third, and fifth day, resembles each other and differ from that of the second, fourth, and sixth day, in intensity and hour of onset (*double tertian*); or there is a day of *apyrexia* and two days of fever, but the attack of the first day resembles that of the fourth, and the attack of the second day that of the fifth (*double quartan*). In some cases succeeding attacks occur earlier and earlier (*anticipating*), in others later and later (*postponing*), and in this way the character of the fever may be changed, the *tertian* becoming *quotidian*, or the *quartan, tertian*. The temperature may cease to intermit, only dropping somewhat, and thus the fever becomes *remittent*, though much less often than *remittent* becomes *intermittent*. *Recurrences*: Cases of a single paroxysm are exceedingly rare. The marsh-poison does not expend its forces promptly; it lingers in the system and manifests itself frequently and periodically after the first attack, sometimes remain-

ing dormant for weeks, months, and even years, until an exciting cause as a cold, injury, fatigue, etc., brings it again into activity, or it may turn up without appreciable cause.

COMPLICATIONS AND SEQUELÆ.—1. *Pneumonia*; consolidation occurs very rapidly, frequently affects both lungs, and seems to be determined by a sudden transference to a cold climate. In persons who have previously suffered from *bronchitis*, *dysentery*, *diarrhœa*, *asthma* or *epilepsy*, these diseases may reappear. It has, however, been observed that epilepsy has disappeared on the onset of ague. 2. *Enlargement of the spleen and liver*, *debility*, *emaciation*, *anæmia*, with subsequent *dropsy*, *dyspeptic troubles* and *neuralgia* are common sequelæ.

PATHOLOGICAL ANATOMY.—Simple intermittent fever is very rarely fatal, but the changes found in complicated cases and in malarial cachexia, allow us to infer that the *spleen* is an early sufferer. In advanced cases the *spleen* is congested, enlarged, soft and pigmented; the *liver* is also congested and pigmented, and in old cases enlarged from overgrowth of connective tissue. The swelling of the spleen is considerable in children. The *blood* of chronic cases is watery, has little albumin, and contains more or less black pigment (*melanæmia*), the quantity of red corpuscles is diminished, while that of the white is increased. In some cases the *myocardium* has been found soft and pale or yellow.

DIAGNOSIS.—Usually easy. Characteristics of the fever are: 1. The regular sequence of the three stages, with a *temperature* of rapid ascent, short stationary period, critical defervescence and normal in the intervals. 2. The *urine* which is increased during the cold and hot stages, diminished at the close of the latter, and deficient and concentrated during the sweating stage. 3. The permanent *enlargement of the spleen* (*ague-cake*). Other elements of decision are: the history of the exposure, the recurrence after an interval of health, and the examination of the blood. Sometimes difficult. We should bear in mind that in *malarial endemic areas*, pyrexias which are naturally continued, as *typhoid fever*, sometimes commence with intermittent paroxysms before they assume their proper type, while *ague* occasionally begins with a continuous thermic course before the initial chill and the intermittency announce its true character. *Symptomatic intermittents* (*phthisis*, *suppuration*, *pyæmia*, etc.) should not be confounded with *ague*. They are associated to quite different morbid processes; there is no exaggerated enlargement of the spleen and the paroxysms occur in the evening.

PROGNOSIS.—In uncomplicated cases generally good, the direct mortality being very low. It is a good sign for the paroxysm to occur later and later in the day and to become shorter and shorter. The more it departs from the quotidian type the more difficult to eradicate. Some consider tertian the least obstinate. Owing to the repeated internal congestion during the cold stage, the spleen and liver become sometimes deeply affected, and in making a prognosis the influence of complications has chiefly to be considered. The special liability to pneumonia should always be borne in mind.

TREATMENT.—1. *New cases*, preceded and followed by *gastric* or *bilious trouble*, demand principally : IPECAC, CHINA, ANT. CRUD., PULSAT., NUX VOM., BRYONIA. On the appearance of the prodromal symptoms no remedies will be found so often indicated as *ipecac* and *china*. A *predominant nausea*, with or without vomiting (especially before the chill and during the apyrexia), and a *fever* with *short chills*, *protracted heat* and *slight sweat* are characteristic of IPECAC. Under this remedy the *thirst* is only marked during the heat; the greatest *prostration* occurs during the chill, and an *oppressive dry cough* may attend the heat. The *fever* is apt to postpone and become irregular.—*Periodical elevations of temperature*, preceded by a *great thirst* and all sorts of *gastric and nervous ailments*, are leading indications of CHINA. Under this remedy the *thirst* disappears when the *chill* commences, to turn up again during the *sweat*; the *chilliness* and *coldness* are marked, increased by drinking, with *lividity* and *goose-flesh*; the *heat* may alternate with the *chill*, or set long after, and is usually attended by *congestive headache*, *tinnitus* and *distended veins*, with desire to uncover, but worse therefrom; the *sweat* is *profuse* and *debilitating*, and may continue after the paroxysm; the *fever* may anticipate and even postpone, and after repeated attacks the patient has a *jaundiced look*, *enlarged spleen*, *tympanitic abdomen*, *great debility* and *anæmia*; sometimes *gastro-duodenal catarrh*. ANTIMONIUM CRUD. is the remedy when the paroxysm is preceded by a *sad mood*, and takes an irregular course, *the chill being followed by sweat, then heat, or chill and sweat simultaneously*. “One of the few remedies where sweat follows chill and is followed by heat” (Allen). A complete absence of thirst and a persisting milky white tongue are characteristic. PULSATILLA, when the stages are not well defined and apt to run into each other, or when *the chill is long and there is little heat and no thirst*. (*Ipecac*, short chill, long heat, no thirst.) Only when the heat is severe there may be some thirst, but usually the patient licks the lips, but does not drink.

Semilateral coldness and sweating are characteristic. During the *apyrexia* the chilliness is constant and the slightest derangement of the stomach brings on the paroxysm. *NUX VOMICA* has always *irregular paroxysms* and at the onset the *limbs feel weak*, as if paralyzed. *Before the chill* often *heat*, and sometimes *sweat*. The *chill* is attended by *violent shaking*, *blue nails*, *nausea*, *vertigo* and *aching in the limbs*; the *heat* is long-lasting, with *thirst* and *dread of being uncovered*; and the *sweat*, which is usually *light*, gives relief to the pains, or may *alternate with the chill*, one being felt externally, the other internally. During *apyrexia* the patient is irritable, quarrelsome (*Bryo.*) and very sensitive to all external impressions. *BRYONIA*.—This remedy is indicated when the fever is *caused by getting wet*; there is *constant desire to lie down and keep quiet* and a *great thirst prevails throughout*, commencing before the chill, increasing gradually with the chill and heat and subsiding somewhat during the sweat, especially if the attack is preceded by *splitting headache* and *rotary vertigo*; a *dry cough with stitching in the spleen* and *tearing in the limbs* attends the chill; *pleuritic stitches with the same cough* attends the heat, and the *sweat* is oily, profuse and provoked by the least exertion.

ADVANCED CASES with *cinchonism*, *anæmia*, *splenic lesions*, etc., demand such remedies as *ARSENIC*, *NATRUM MUR.*, *LACHESIS*, *FERRUM*, *ARNICA*, *PETROLEUM*, *APIS*, *CARBO VEG.*, *LYCOPodium*, *CHINA*, *CHIN. SULPH.* and *SULPHUR*. When the poison after frequent outbursts, commences to make deep inroads upon the blood, spleen and liver; when the system has been materially saturated with *quinine*; and when, finally, after repeated attacks the paroxysms become less regular, the stages less frank and complete, the periodicity less precise, and the type loses its distinctness, no remedies, I think, are so frequently indicated as *ARSENIC* and *NAT. MUR.*: *ARSENIC*: The distinctive feature of this drug is *irregularity* (*china*, regularity); the paroxysm is incomplete, one stage usually wanting. *An irregularly developed, undefined chill*, mingled or alternating with *heat*, and ameliorated by external warmth; *an intense, long-lasting, burning fever* with great thirst and restlessness, and *an unfrequent or slight sweat*, with insatiable thirst, are leading indications. Bear in mind that the *thirst during the chill and heat* is for small and frequently repeated quantities, as if the stomach were not able to endure too much liquid, while *during the sweat*, it is for large quantities; in fact, it seems to be then in proportion to the amount of fluids lost. The less distinctly developed is the chill, the

longer and more intense the heat, the slighter the sweat, the more advanced the organic lesions, and the more the prostration increases, the better is this remedy indicated. After failure of *quinine*, especially if the fever has been contracted in salt-marshes, along the sea-shore. NATRUM MUR. is one of our best remedies after the abuse of *quinine*, or when the fever appears after living on, or near water and damp regions, or near recently turned-up soil. The paroxysm calling for this remedy is usually complete, occurs in the forenoon, is preceded by a dread of the attack, and composed of *long, predominant chill, intense heat and profuse sweat*. The *early thirst* and *hammering headache*, increase as the attack advances, reaching the climax during the heat; the former subsiding with the sweat, the latter so severe as to cause stupefaction and unconsciousness during the heat and continuing sometimes after the sweat. *General aching* and *blue nails* (*nux. v.*), during the chill, *great weakness* during the heat, *gradual relief of pains* during the sweat, and *hydroa on the lips*, during the apyrexia, are also leading indications of this drug. LACHESIS is indicated in *intermittents which recur in the spring time*, in spite of the use of *quinine* in the fall, especially if *during the chill, the shaking and chattering of the teeth is so extreme*, that the patient feels he must have all sorts of things piled upon him, to keep still and warm. The heat is attended by *oppression of the chest, deep breathing and sleep, or great loquacity*. The sweat is profuse and stains yellow. The thirst is not marked at any stage. FERRUM is another remedy indicated after the abuse of *quinine*, especially when we have *anæmia* masked by pseudo-plethora, more or less *disturbed circulation, with swelling of the feet and veins, palpitation of the heart, debility, ague-cake and vomiting of the ingesta*. The thirst is only marked during the chill, and all the symptoms are worse while sweating. ARNICA is also a cachectic remedy, whose principal indications are: *a bruised feeling and soreness*, which continues through every stage and persists even during the apyrexia; *a thirst*, which commences before the chill, and subsides gradually with the heat, and *the sweat*, which is usually absent in recent cases, *sour and offensive* in old ones, and does not relieve the muscular soreness. APIS belongs also to this group. It is indicated when the *thirst always attends the chill* and is absent during the heat and sweat, when the patient *sleeps continually during the heat*, when there is more or less *oppression of the chest during the chill and heat*, and when the *sweating stage* is wanting. Extended œdemas, scanty urine, soreness of the spleen and joints, urticaria and great debility

are additional indications. PETROLEUM has cured many cases in which the *chilliness was followed by violent itching*, flushes of heat and sometimes by profuse sweat, especially *with enlarged painful spleen, occipital headache, nausea and constipation*. CARBO VEG.: In chronic cases drugged with quinine, *with great weakness and lack of reaction. Thirst only during the chill*, which is accompanied by *marked coldness up to knees*, even when wrapped up in bed. When the heat comes it is *in burning flashes*, with headache, red face, nausea and vertigo, and the patient wishes to be constantly fanned. The sweat is *profuse and either sour or putrid*. One-sided chills. As in laches. there may be loquacity during the fever. LYCOPODIUM is the remedy of gouty patients with acidity, meteorism, constipation, and lithuria, especially in broken-down cases, with *chill preceded by nausea and vomiting, followed by sweat, without intervening heat, or sour vomiting between chill and heat; great thirst only after the sweat*. CHIN. SULPH. has always regular paroxysms. *Great thirst*, and painfulness of the spine on pressure, attend all the stages. *Pale face and blue nails and lips during the chill; flushed face and tinnitus during the heat. The sweat must always succeed the heat to be indicated*. SULPHUR in cases irregularly developed, with undefined stages, to spur the system and clear up the case. When the blood leaves the surface during the chill and accumulates in the liver and other organs, and rushes violently back during the heat, a condition is often produced by this active disturbance of the circulation, which no remedy can cover better than sulphur. *Transient coldness of the surface, soon followed by flushes and burning heat, especially in the palms of hands, soles of feet and vertex, as well as abdominal plethora, with hæmorrhoids and constipation*, are characteristic of this remedy.

Other remedies which have been used with success are: IGNATIA, when the chill is easily relieved by external warmth, the heat is external and attended sometimes by urticaria, *thirst only occurs during the chill*. GELSEMIUM when the fever shows tendency to become remittent, especially if *chills creep up the back and follow one another in rapid succession*, there is absence of thirst throughout the attack, and the *apyrexia is wanting or very short. Headache, vertigo, muscular debility and sleepiness are usual concomitants*. EUPATORIUM PERF. in fevers with short remissions, or with *insatiable thirst before and during the chill; headache and severe bone-pains in every stage and usually slight sweat*. When the sweat is profuse, it relieves all pains, except headache which is increased and continues for hours

after the attack. *Bitter vomiting between the chill and fever* (*Lycop.*, sour vomiting) is another indication. *CAPSICUM* when the *chill begins between the shoulder blades, is worse after drinking, accompanied by backache, relieved by hot applications and motion.* In fact heat and motion seem to relieve the whole condition. The *thirst* commences before the chill, increases with the chill, and disappears entirely after the chill. "*Capsicum and eup. perf. are the only remedies in which patient knows the chill is coming, because he wants to drink; and the bone-pains of eup. perf. serve to distinguish between them*" (H. C. Allen). *ARANEA*, in intermittents contracted in wet or damp localities, if the *paroxysm occurs at precisely the same hour, with long lasting, predominant chill, little or no heat and complete absence of sweat.* The patient is always chilly, even in mid-summer, and every wet, rainy day aggravates this condition, or brings on the paroxysm. *CEDRON*, ague of low, marshy, tropical districts, especially in summer. As in the preceding remedy, *regular periodicity* is a leading indication, but the stages are not well defined. *Chill and coldness are predominant and seem to continue throughout the paroxysm,* for during the heat there is more or less shivering and shaking, and during the sweat, coldness and shuddering are often present. The *heat*, although not so intense, follows the chill, or coldness through the entire paroxysm; even a few minutes before the chill, there is a sensation of general heat. In *aranaea* there is absence of thirst, while in *cedron* the thirst is marked during the heat and sweat. *RHUS TOX.* is the remedy of rheumatic patients, who during the paroxysm always suffer from pain in the limbs, or when the fever has a tendency to become remittent. It is especially indicated if *a dry, teasing, fatiguing cough comes on in advance of the chill, and continues during the chill* (*rumex*), which is also attended by an increasing restlessness, that usually disappears with the heat. *The urticaria which breaks out over the entire body during the heat and causes such intolerable itching, passes off with the sweat.* If the *sleep during the sweat, is deep, stuporous, soon followed by diarrhoea and return of fever* (typhoid state), no remedy can take the place of *rhhus tox.* *SAMBUCUS* has also a *dry, racking cough before the paroxysm, with nausea and thirst, but it does not occur during the chill.* It is particularly indicated if *the sweat is very profuse, non-debilitating and brings about relief, or if it continues from one paroxysm to the other.* "*Sambucus is almost the only remedy which has dry heat while asleep, profuse sweat while awake, then dry heat again when he sleeps*" (H. C. Allen). *OPIUM* if a *deep sleep*

prevails throughout, sometimes with stertorous breathing, open mouth and twitching of the extremities. COFFEA when there is *great nervous agitation and restlessness*, with thirst during heat and sweat, and chilly feeling with internal and external warmth. SABADILLA is a drug I have used with good results during a residence of two years in a malarial district in Cuba. The patients were all tobacco planters, who worked along-side the river "*Agabama*," and were drugged with quinine. In the cases this remedy was prescribed, the paroxysm occurred with *regular periodicity*, always in the forenoon, and consisted only of *a violent, long-lasting chill, followed by lassitude and great somnolence*. The approach of the chill was always announced by an uncontrollable inclination to sleep and the poor sufferers had to stop working and go, to use their own words, "to sleep the fever." I was led to the selection of this remedy by the *alternate attacks of boulimia and loathing of food*, present. Various other remedies have been employed, with more or less success, and for their indications we refer the student to the excellent work of Dr. H. C. Allen, on *Intermittent Fever*.

SPECIAL INDICATIONS.—For QUOTIDIAN paroxysms: CAPS., CHINA, IGN., IPEC., NAT. M., NUX, PULS., SULPH., with short intervals: GELS.; for TERTIAN paroxysms: ARAN., ARS., CHIN., IGN., IPEC., EUP. PER., NUX, PULS.; for QUARTAN paroxysms: ARS., IGN., PULS., SABAD., VERAT.; for *anticipating type*: ARS., BRYO., CHIN., CHIN. S., IGN., NAT. M., NUX; for *postponing type*: CHIN., IGN., IPEC., NAT. M.; when the paroxysm *returns at the same hour*: ARAN., CEDR., GELS., SABAD.; when the paroxysms are *very short*: CINA, IPEC., PULS., SABAD.; when the paroxysms are *very irregular*: ANT. CR., ARS., IPEC., MENY., NUX, PULS.; when the paroxysm is of *increasing severity*, no two attacks alike: *Puls.*; if there is a *tendency to remittency*: GELS., EUP. PER., RHUS; to *typhoid*: BAPT., BRYO., GELS., RHUS, SULPH. When the CHILL predominates: ANT. CR., CAPS., CHIN., IPEC., MENY., NUX, SABAD., STAPH., VERAT.; no heat or sweat, *only persistent and severe coldness*, not relieved by anything: ARAN.; when the *chill* is almost entirely *wanting*: ARS., BRYO., CAPS., CHAM.; if *chill and heat* alternate: ARS., CALC., CHIN., NUX; if both are present *at the same time*: ACON., ARS., IGN., NUX, PULS.; if the *chill* is followed by *heat*, but *no sweat*: ARN., ARS., BELL., BRYO., IGN., IPEC., NUX, RHUS, SULPH.; if followed by *sweat, without intervening heat*: ANT. CR., CAUST., PULS., RHUS, VERAT.; if followed by *sweat, then heat*: ANT. CR., CAPS.; if the *chill* is *preceded by thirst*: CAPS., EUP. PER., or ARN., CHIN.,

PULS., NUX; if it sets in *with thirst*: ARS., BRYO., CALC., CAPS., NAT. M.; which persists: NAT. M., VERAT.; with *headache*: NAT. M.; with *backache*: CHIN., CAPS.; with *pain in the limbs*: ARN., NUX, PULS.; in the *long bones, as if broken*: EUP. PERF.; with *vomiting*: CINA, EUP. PERF., IPEC., LYCOP.; if attended by *blue lips and nails*: NAT. M., NUX; by *goose-flesh*: CHIN., LYCOP.; by *nettlerash*: HEP., RHUS; by a *dry, teasing cough*: RHUS, SAMB.; by a *spasmodic cough*: SABAD.; by a *dry, racking cough*, with pain and stitches in chest: BRYO.; by *oppression of chest*: APIS, IPEC.; by *great restlessness*: ACON., ARS., RHUS; by *nausea and vomiting of fluids and bile, at the close of chill*: EUP. PERF.; if the chill is *aggravated by drinking*: CAUST., CHIN., EUP. PERF.; by *external heat*: APIS, ARN., IPEC.; if *ameliorated by drinking*: IPEC.; by *external warmth*: ARS., IGN. When the HEAT predominates, with little or *no chill and sweat*: ACON., BELL., BRYO., IPEC., NUX, SABAD., VERAT.; if it is *entirely absent*: ARAN., ARS., SABAD., VERAT.; if the *heat and chilliness alternate*: ARS., BRYO., CALC., CHIN., MERC., NUX; if both are present *at the same time*: ACON., ARS., BELL., CHAM., IGN., MERC., NUX, PULS., RHUS; when the *heat comes first*, then the chill: BRYO., CALC., CAPS., NUX, SULPH.; when there is *heat and sweat*, without chill: ARS., CAPS., CARB. V., CHAM., GELS., NUX, PHOS., RHUS; when the *heat set in with thirst*: ACON., ARS., BRYO., IPEC., SULPH.; with *complete absence of thirst*: PULS., or ANT. CR., APIS, IPEC.; when the *thirst occurs after the heat*: CHIN., NUX, PULS.; if the *heat is attended with sweat*: ANT. CR.; with *nettlerash*: IGN., RHUS; with *dry, oppressive cough*: IPEC.; with *racking cough* and stitching in chest and spleen: BRYO.; with *sleep*: HEP.; deep: OPI.; with *severe bone-pains*: EUP. PERF.; with *bitter vomiting*: EUP. PERF.; with *sour vomiting*: LYC.; with *oppression of chest*: APIS, ARS., IPEC., LACH.; with *great restlessness*: ACON., ARS., GELS., RHUS; with *red sand in the urine*: LYC.; with *fever blisters* on the lips: NAT. M. When the SWEAT predominates: BELL., BRYO., CHIN., HEP., MERC., PULS., RHUS, SAMB., SULPH., VERAT.; if it is *almost absent*: ARS., CINA, IPEC.; if it only breaks out *long after the heat*: ARS.; if it is *very copious*: SAMB., or BRYO., CARB. V., CHIN., PULS., RHUS, VERAT.; if it occurs *at the same time with the chill*: LYC., PULS., SABAD., SULPH.; if it breaks out *immediately after the chill*, without intervening heat: BRYO., CAPS., CAUST., LYC., RHUS, SABAD., THUJ., VERAT.; if the *sweat and heat occur together*: BELL., CAPS., CHAM., HEP., NUX, RHUS; if it breaks

out during the heat, but soon disappears, and is again followed by dry heat: ANT. CR.; if it follows the chill and is followed by heat: ANT. CR.; if it continues from one paroxysm to the other: SAMB.; if unattended by thirst: NUX, SAMB.; with great thirst: ARS., CHIN.; followed by thirst: LYC., NUX, SABAD; if profuse debilitating, with great thirst: CHIN.; if profuse debilitating, without thirst: SAMB.; if followed by great prostration: CHIN., or ARS.; by herpes labialis: RHUS; if it has a sour smell: ARN., ARS., CARB. V., LYC., MERC., RHUS, VERAT.; if cold: VERAT., or ARS., CHIN.; if clammy: ARS., CHAM., VERAT.; if oily: BRYO., MERC., SABAD.; THUJ.

As regard COMPLICATION AND SEQUELÆ, study: For anæmia and debility: ARS., CHIN., FERR., NAT. M., PHOS. AC., PULS., SIL.; with dropsy: APIS., ARS., CHIN., DIG., FERR., HELL., STRAM. For splenic enlargement: ARS., CAPS., CHAM., CHIN., MERC. BIJOD., MEZ., NUX.; with stitching pains: ARN., BRYO., CARB. V., KALI B., NAT. M.; with bloated face: CINA., FERR., or APIS., ARS., IPEC., NAT. M. For hepatic trouble (*swelling, hardness, etc.*): ARS., CHIN., FERR., NUX, PHOS.; with jaundiced face: CHIN., EUP. PERF., FERR., MERC., NUX, or ARN., ARS., NAT. M., PULS., VERAT. For pneumonia: ACON., BRYO., PHOS., SULPH., TART. E. For dyspeptic troubles (*nausea, vomiting, etc.*): ANT. CR., ARS., BRYO., CARB. V., CINA., CHIN., IPEC., LYC., NUX, PULS., SULPH. For diarrhœa: ARS., CHAM., CHIN., FERR., IPEC., PHOS. AC., PHOS., PULS., SULPH; dysenteric: COLOC., IPEC., MERC., NUX, SULPH. For constipation: BRYO., LYC., NUX., OPI., PHOS., PLUMB., SULPH., verat. For neuralgia: ACON., ARS., ACTEA, BELL., COLOC., FERR., HEP., IGN., KALM., MAG. PH., MERC., NUX, PHOS., PLAN., PLAT., PULS., SPIG., STAPH., VERB. For nettlerash: APIS., ARS., IGN., HEP., RHUS. For hydroa on the lips: NAT. M., or IGN., NUX. For herpes labialis: RHUS.

ACCESSORY MEANS.—In the *cold stage*, the hot water bag, blankets, and hot bland liquids, as rice or barley water are required. In the *hot stage*, cooling drinks and cracked ice to suck, tepid sponging, plenty of fresh air, and light covering, are grateful to the patient. In the *sweating stage*, careful protection from cold draughts to prevent chills, and the comfort of the sufferer will be promoted by wiping the perspiration from the body with warm flannels. In regard to *prevention*, bear in mind that the early morning and late evening hours are especially dangerous, as is sleeping in tents, or on the ground floor. Water of the district should be previously boiled and filtered.

To obtain permanent relief the patient, if possible, should be removed at once to a non-malarious district.

In the treatment of malarial fevers, *quinine* is still the cry of our opponents, but notwithstanding better methods of administration the disease keeps on claiming its customary share of victims, just as when the drug was given entirely by the mouth, and so badly supported by the stomach. Of course, I have seen more than one paroxysm arrested by massive doses of quinine, but to return again with increased intensity and destructive results. Under such treatment, by the combined effects of drug and poison, the organism soon enters into a hopeless condition, in vain struggling to eliminate the morbid agents, which probably have already induced the most profound anæmia, permanent enlargement of the spleen and congestion and pigmentation of the liver, with serious gastric and intestinal disturbances. Even in the pernicious attacks, physicians who have had the opportunity of watching the results of the subcutaneous injections of the *chlorhydrate*, *bromhydrate*, and *sulphovinate of quinine*, have not been able to notice any diminution of the usual death-rate, but an additional suffering by the inevitable formation of abscesses.

And, finally, nothing better illustrates the little value of quinine than the constant endeavors of our old-school friends in finding a substitute which may offer better results. Chemistry has been exhausted in this direction, and quite recently an Italian physician, M. Xibilia, has suggested a method which consists in the hypodermic injection of quinine until it produces an abscess. His theory being that an abscess draws to it all the infectious germs in the system, and annihilates them by means of its suppuration. A more audacious experiment still has been actually tried in Europe, which essays to relieve victims of malaria by the extirpation of the spleen.

For our own part we may be called upon to treat stubborn, refractory, spoiled cases of malaria, with advanced organic lesions, and be compelled to remove, at once, our patients to a non-malarious district, in order to obtain permanent relief; but who can deny that permanent cures have been effected, even of chronic cases, with strictly homœopathic remedies, after the most careful individualization?

CONIUM COUGH.—Dry, spasmodic, hacking; worse at night upon lying down, fatiguing, mucus cannot be expectorated, is swallowed; cough is due to irritation in the larynx like a dry spot.

TWO CASES OF BRAIN TUMOR; A CONTRIBUTION TO CEREBRAL SURGERY.

BY CLARENCE BARTLETT, M.D. AND W. B. VAN LENNEP, A.M., M.D.

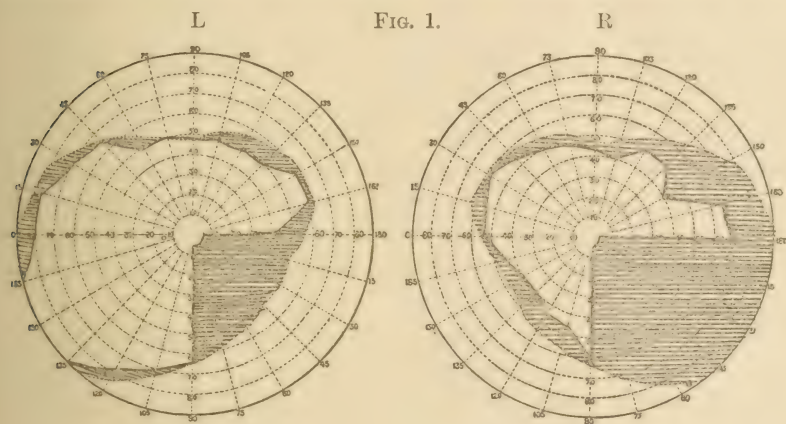
(Read before the Homœopathic Medical Society of the County of Philadelphia, March 8, 1894.)

CASE I.—*Fibro-sarcoma involving the left cuneus; removal; recovery.*—Helen G., aged 37 years, unmarried, was brought to Dr. Bartlett by her physician, Dr. D. W. Shoemaker, May 31, 1893. The following history was given: She had always been more or less delicate, and was the subject of a rotary-lateral curvature of the spine of high degree. She exhibited considerable skill in covering this deformity, which did not show outwardly to anything like the extent one would expect from its severity. She thought herself the subject of kidney disease, because she suffered from pains in the back. Urinary examination, however, gave negative results. For some years past, she had suffered from headaches, to which, however, not much importance had been attached. About May, 1892, the headaches assumed greater intensity than before, and grew steadily worse up to the time of the examination in 1893. They became so severe, especially at night, as to preclude sleep and require palliative medication. They were located mainly in the back of the head. There was no sensitiveness in this region. From time to time she had staggered when walking, with a tendency to fall to the left; in attempting to regain her balance, she would sometimes fall in the reverse direction. She had occasionally noticed diplopia, but did not make this a prominent symptom of her affection. Shortly before coming under observation, she noticed that she could not see to the right side with her right eye. Her left eye she thought was normal. She then saw Drs. I. G. Shallcross and C. M. Thomas, who discovered that the hemianopsia affected both eyes. The fundus oculi was normal. When seen by Dr. Bartlett, hemianopsia was found by rough tests. The perimeter charts herewith appended are those taken by Dr. Shallcross, May 29, 1892 (see Fig. 1). The pupils responded normally to light. Both knee-jerks were very much exaggerated. At the examination the patient exhibited rather an unpleasant disposition, so much so as to make it a difficult matter to elicit information. In health she had been regarded by her friends and family as exceedingly affable and companionable.

Despite the improbability, impossibility indeed, of a specific history, iodide of potassium was advised. The patient exhibited a

remarkable intolerance of the drug, very small doses producing prompt disagreement. Her headaches grew rapidly worse. Acetanilid, phenacetin, and antipyrin were resorted to without avail. Finally morphia was prescribed. This gave relief, but it had to be administered in increasing doses. In August, 1893, she became delirious. The subject then uppermost in her mind, judging from her ravings, was the surgeon's knife. She recognized none of those about her. Since her recovery she has stated that everything occurring during these months is a blank to her.

She was seen by Dr. Bartlett again in November, 1893. By this time she was taking thirteen grains of morphia daily; smaller quantities failed to give the necessary palliation. Her delirium had ceased, but her mental condition, as shown by her ability to recognize faces and voices, and her powers of conversation, were bad. Her



hemianopsia had increased. Ophthalmoscopic examination was impossible because of her refusal to submit to the same. An operation was now strongly urged and readily acceded to by the patient's family. The diagnosis was "tumor involving the lower portion of the left cuneus." The delirium during the summer and early autumn was attributed to meningitis. Adhesions of the growth to the meninges and to the surrounding structures were confidently expected.

The operation was performed December 13, 1893, in the private operating-room of the Hahnemann Hospital. Dr. Van Lennep was assisted by Drs. Northrop and Wilbur. Ether was the anæsthetic, three and three-quarter ounces being used. The operation was completed in fifty minutes. The scalp was prepared by shaving, scrub-

bing, and prolonged contact with wet bichloride gauze, frequently renewed. This was supplemented by a final scrub with carbolic solution and sublimate irrigation. The latter was used, except when the dura was open, whenever needed.

The left parieto-occipital fissure was located by continuing to the line of the longitudinal fissure, one beginning an inch and a quarter behind the external angular process of the frontal bone, on a line from this process to the inion, and running three quarters of an inch below the most prominent point of the parietal eminence. After a large semicircular flap had been turned forward, the trephine was applied an inch and a half from the middle line and a little behind (or below) the fissure. Hæmorrhage was arrested by clamping the whole thickness of the scalp with T forceps. The loss of blood was not greater than usual in operations on the skull. The opening in the bone was enlarged to the middle line and backward into the occipital bone until it measured three by two inches. The skull was very thick and dense. The dura bulged and did not pulsate, and over its inner and posterior three-fourths looked dark and felt hard. There were adhesions on its outer and inner surfaces. It was opened by an incision a quarter of an inch from the bony edge, and turned up as a semicircular flap. A firm, encapsulated tumor presented, which was readily shelled out with the fingers and the handle of a scalpel, and delivered with but little tearing, after nicking the opening in the dura in several places.

The tumor lay in the substance of the brain below the parieto-occipital fissure, its antero-external surface being covered by a thin layer or fringe of compressed brain tissue. On its inner (or median) side it was against the falx cerebri, from which it seemed to get its blood supply. Below, it lay on the tentorium. Aside from a persistent oozing at its point of attachment, but little hæmorrhage followed the removal of the growth.

The cavity was lightly packed with iodoform gauze (wet in sublimate), and the dura partly closed with interrupted sutures of catgut (watery carbolic). The bony opening was packed with the same material, and the scalp partly closed with a buried catgut suture. Sublimated iodoform and sterile gauze, sterile non-absorbent (sheet) cotton, and a bandage, secured by adhesive strips, completed the dressing.

The pulse, which had been excellent throughout the operation, went to pieces as soon as the tumor was delivered. The shock was very severe, and lasted until the next day. It was combated by

FIG. 4.

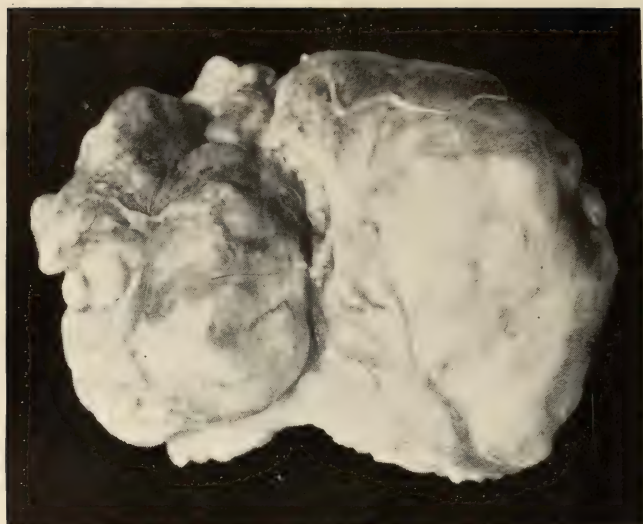
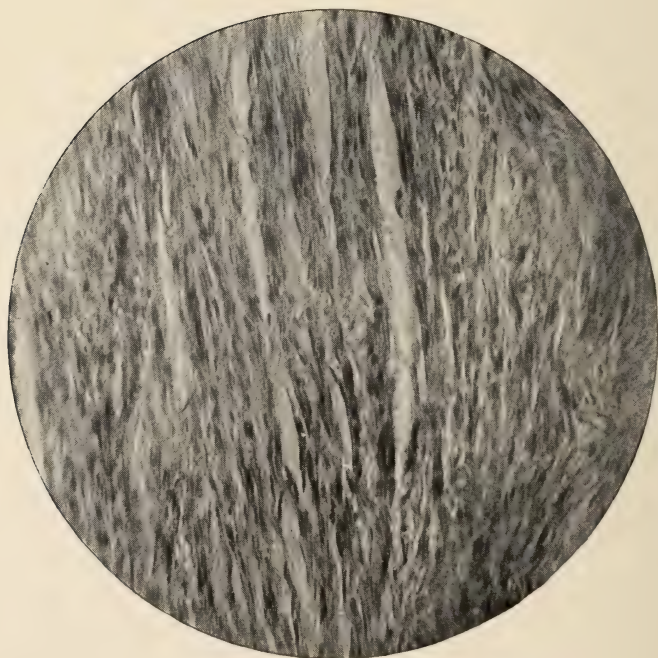


FIG. 5.



brandy under the skin, glonoin by the mouth, and elixir of valerianate of ammonia and whiskey by the rectum.

There was no pain at any time after the operation except "that of a cut." Numbness in the right arm and involuntary urination appeared on the third day, but were only transient. The mind was perfectly clear throughout the recovery.

On the third day the patient was again etherized, the gauze removed, the fringe of compressed brain tissue trimmed off, the oozing being arrested by pressure, and the dura and scalp closely sutured, leaving a small opening in the latter for a gauze drain.

The wound healed throughout without pus or even redness, the highest temperature—that of reaction after the shock—touching 100° F. once. There was a tendency to hernia, shown by a swelling under the scalp and an attempt at protrusion through the drain-opening. This opening was subsequently closed, and the hernia disappeared, leaving the usual depression in its stead, in which the pulsations can be distinctly made out. The patient went home at the end of three weeks, and there have been no subsequent wound complications.

The tumor weighed, dry, six hours after the operation, 989 grains. Fig. 4 gives the macroscopic appearance.

Drs. P. Sharpless Hall and B. K. Wilbur have made a number of sections from different portions of the growth, and give us the following report, Fig. 5 being from a micro-photograph by Dr. Hall:

"Sections were made from the external and central portions and midway between these two.

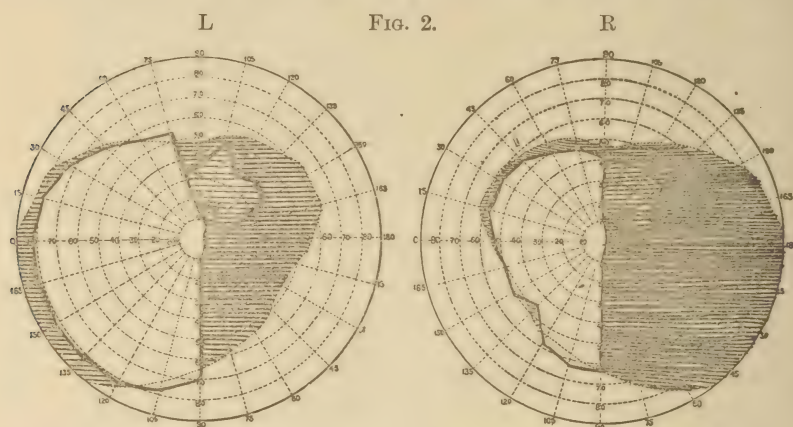
"All the sections presented the same general appearance, viz., masses of fibrous connective tissue, in which were imbedded large, nucleated spindle-cells, together with medullated nerve-fibres presenting distinct axis-cylinders.

"Diagnosis: Fibro-sarcoma of the large spindle-celled variety."

Since the recovery of the patient from the operation her progress has been uniformly satisfactory. On the day before her dismissal from the hospital, an ophthalmoscopic examination showed an apparently declining optic neuritis, and a perimetric test by Dr. Shallcross gave the following results (Fig. 2):

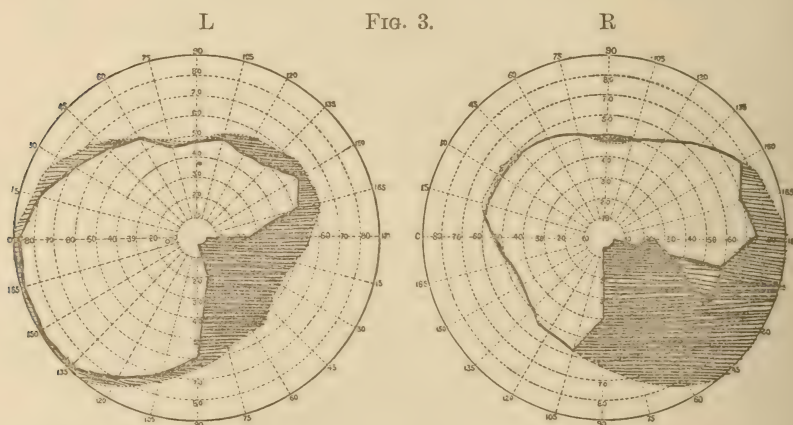
She was seen last by Dr. Bartlett on March 4, 1894. She then announced herself as free from headache. Her vision had greatly improved; her knee-jerks were both normal. A perimetric examination made by Dr. Shallcross on March 6th gave the following result (Fig. 3):

This case is one of unusual interest, and teaches several important lessons. The staggering gait and the double vision reported by the patient on May 31st threw a doubt on the diagnosis of tumor in the left occipital lobe. The staggering gait was explainable by pressure



of the growth on the tentorium. The diplopia, as it afterwards proved, was but a transitory symptom, possessing little or no importance.

The readiness with which the patient abandoned large doses of morphia is remarkable. Two days before the operation pain ceased,



and with it the necessity for palliation. No craving for the drug was exhibited by her. No morphia was given at the time of the operation. This may have been a mistake, as it possibly accounts for the collapse when the patient was returned to her bed. Delirium

and prostration are such usual phenomena following the sudden withdrawal of the drug in morphia habitués, that there is no reason why prostration should not have occurred in this case from the same cause.

This case, so far as we at present know, is the first in which practical use was made of the fact that the lower portion of the cuneus is in relation with the upper portions of the same-named half of each retina. The upper portions of each left half of the retina being blind, a growth in the lower portion of the left cuneus was suggested.

More interesting still are the appended perimeter charts. It will be observed that in the first and third observations the blind area did not include the fixation point. In the second, the line of demarcation between vision and blindness passed almost through the points of fixation. The first and second observations were made with a McHardy perimeter; the third at the patient's home, with a more portable instrument. The preservation of central vision in hemianopsia has proven an interesting subject of study. Theories advanced to account for it have not been satisfactory. One of these provides for representation of the fixation point on the retina in both cunei. Of course, a unilateral lesion can then only partially destroy vision at this point. This phenomenon is susceptible, however, of another explanation, *i.e.*, the existence of a centre for central vision outside of the half-vision centre in the cuneus. Four cases bearing on this point have already been recorded. In each there was a first attack of hemianopsia, with preservation of central vision for a distance of from three to eight degrees about the fixation point. A second attack of hemianopsia occurred in each case, destroying the remaining half-fields. Central vision was still retained, though its acuity was considerably impaired. Our case would teach that the extension of the tumor or the disturbance of adjacent cerebral structures in the removal of the growth had interfered with the centre for central vision.

CASE II.—*Tumor of Uncertain Location; Trephining for Relief of Pain; Successful Result.*—Augustus T., æt. 32 years, was brought to Dr. Bartlett by Dr. S. R. Geiser, January 2, 1894. He gave the following history: Beginning in 1878, and continuing for a number of years thereafter, he had had numerous abscesses about the rectum, originating, as he believed, from a kick. He had about recovered from these two or three years ago, when his eyes began to trouble him. Vision grew gradually worse until March, 1893, when he

found that he had entirely lost the sight of the right eye. In December, 1893, he finally lost all sight of the left eye. At the time of the examination he did not have the faintest light perception. He suffered from paroxysms of terrific pain throughout the right side of the body. These came with suddenness, sometimes causing him to fall. He suffered also from severe pains in the back of the head and neck, but they were not constant. Most of the pains last in their period of greatest intensity for a period ranging from three to five minutes. When present they are steady; when severe in the legs, they are accompanied by general tremor. Some days these pains are absent; on others they may occur in a dozen or more paroxysms. Before losing his sight he had double vision. About once or twice a week he has vomiting seizures. Both syphilis and gonorrhœa were denied. Iodide of potassium had been tried by prominent old-school authorities without avail. Both pupils were dilated, and did not respond to light. Ophthalmoscopic examination showed a double optic neuritis. There was a slight divergent squint of the right eye. Dr. C. M. Thomas kindly examined the eyes and confirmed the above observations. Both knee-jerks were slightly diminished. In walking, the patient dragged the left leg somewhat.

The patient was seen again on January 19th. The right knee-jerk was then obtained only by reinforcement; the left knee-jerk was absent. His friends stated that in walking along the street he gets attacks of sudden weakness, in which his legs give way under him, and he falls unless supported. On the preceding evening he had had a paroxysm of pain in which his pulse rose to 102 and he became quite weak. He had been having attacks of tremor of the hands two or three times daily. His hearing on the right side was deficient; tested with the tuning-fork, aerial conduction was found better than bone conduction. The sense of smell was entirely destroyed; taste was also nearly gone. The dynamometer grasp of the right hand was 70; left, 67. Pains in the right side of the face, head and neck were intense. The centre of the pain was immediately over the right parietal bone.

While the tumor was believed to be cerebellar, there were too many data to make such a location uncertain. An attempted removal of the tumor was not urged on the patient; instead, it was suggested that trephining for the relief of intracranial tension be performed. The object desired was relief of pain. The spot selected was the centre of the focal head pains—the parietal bone.

The patient was operated by Dr. Van Lennep, February 6, 1894,

with the assistance of Dr. H. L. Northrop and Mr. G. A. Van Lemnep. Ether was the anæsthetic, six and a half ounces being used. The patient, an alcoholic, took ether badly. The operation, including the dressings, was completed in less than thirty minutes.

A large flap was turned down from the right side of the head and the hæmorrhage controlled with T forceps. Two trephine openings were made, one just in front and the other behind the parietal eminence, and the bone, which was quite thin, quickly bitten away with rongeur forceps until the opening measured five by four inches. The dura was not opened. The scalp was closely sutured with silk-worm gut, drainage with gauze being provided through an opening in the middle of the flap. The dressings were the same as in the previous case.

Shock was very profound and hard to account for, requiring, among other measures, transfusion, which was performed by Dr. Northrop.

The temperature of reaction rose to 103° , but the wound healed throughout by first intention.

An interesting experiment was made with an abscess in the arm following a hypodermic injection. There was distinct fluctuation with the usual redness, pain, etc. Wet bichloride compresses were applied, covered with oiled silk, and renewed frequently until all inflammatory symptoms disappeared. The fluid was gradually absorbed.

The intracranial tension was shown by the development of a distinct swelling through the bony opening. The patient states that he would willingly undergo a similar operation at any time to get a like relief from pain.

The patient was last seen by Dr. Bartlett on March 6th. The wound from the operation was simply perfect. The patient had been entirely free from his paroxysmal pains and headaches, but had for a few days complained of pains in the neck and spine. Both knee-jerks were present, though decidedly less marked than normal. Vision had not improved. The dragging of the left leg in walking was relieved.

Should the pains return, and a second operation be deemed advisable, it will probably be well to trephine over the right lobe of the cerebellum, making the therapeutic trephining also an exploratory one.

In connection with our report of the above cases, it seems to us that some observations concerning the treatment of brain tumors are

not inappropriate. The questions requiring consideration are: What cases of brain tumor are suitable for operation? What should be the medicinal treatment of such cases prior to operation? At what stage of the disease should operation be attempted?

In answer to the first question it may be said that all tumors presenting symptoms enabling them to be definitely localized in a position from which they can be removed with a reasonable degree of safety are suitable for radical operation. Estimates made from the post-mortem room show such to be about ten per cent. of all cases of brain tumor. All irremovable brain tumors in which the diagnosis of tumor is reasonably certain, and in which the symptoms are such as to cause suffering, should be treated by palliative operation, namely, the removal of a large section of the skull to reduce intracranial tension. By this means pain may be greatly relieved, and the experience of Horsley and Keen shows that blindness from optic neuritis and its secondary atrophy may be prevented. In cases operated by the former the neuritis usually began to subside within three weeks of the time of operation.

The propriety of medicinal treatment in brain tumor has been much discussed. As a rule, it may be stated positively that internal medication does little or nothing towards exerting a curative action in the class of cases under consideration. In syphilitic tumors, iodide of potassium undoubtedly produces marked effects, even to the extent of curing in some instances. This last statement has been denied by Horsley, Gowers, and others, without sufficient warrant we think. The possibility that any given tumor may be of syphilitic origin must always be borne in mind, and the iodide of potassium treatment instituted, before recourse to operation is had. The duration of the period over which this treatment should be carried should not be too long. Horsley says it should not be persisted in over six weeks, and Starr makes it three months, unless the symptoms grow rapidly worse, showing the futility of internal medication. Care must be taken that improvement taking place during medication is a real improvement and not an apparent one. To be of value moreover, the improvement should be a decided one. Iodide of potassium apparently exerts a beneficial influence over certain malignant growths. In three cases of sarcoma of the dura mater treated by Dr. Bartlett, the iodide of potassium produced sufficient amelioration of symptoms as to lead to the delusive hope of cure. In the first, a case already reported by Dr. C. M. Thomas (*Transactions of the American Institute of Homœopathy*, 1890), the situation of the growth was clearly

indicated by the symptoms. Improvement caused a delay in operation. When, finally, the operation was performed, the growth was successfully removed by Dr. Thomas, but owing to the secondary softening taking place in the surrounding structures, a fatal issue followed. The second case was a large sarcoma of the base. It was irremovable. The patient died suddenly. Here palliative trephining would have been of great service. The third was a perfectly removable tumor of the cerebellum, correctly localized, day for operation appointed, but postponed because of improvement. Death occurred suddenly in the midst of such improvement.

As to the administration of analgesics the experience gained from the above cases seems to indicate that such measures are unwise. We believe that the morphia in the first case, and the coal tar derivatives in the second had much to do with the subsequent collapse from the operations. Still collapse is very frequent after removal of brain tumors, sufficiently so to lead Horsely to propose and adopt in practice the division of the operation into two stages, performed on different occasions. First he removes the bone over the desired area. At a subsequent operation, the tumor is removed. He claims that by this means he has been enabled to avoid shock entirely.

The third question has been answered inferentially by the above. An operation should be performed as early as possible; that is as soon as the diagnosis of tumor has been made, and its failure to yield to medicine recognized. The removal of brain tumor is not as dangerous as generally believed. Thus of fifty-five cases in which the completed operation was performed, but sixteen died. The possibility of mistaken diagnosis must always be entertained, for eminent neurologists have thus erred.

RELATION OF AORTIC AND ARTERIAL AFFECTIONS TO PULMONARY TUBERCULOSIS.—Dr. H. Kortz claims that affections of the aorta and arterio-sclerosis favor the development of pulmonary tuberculosis. When tuberculosis accompanies aortic aneurism, it is due to compression of the pulmonary arteries and its branches. In aortitis, and especially in the chronic form, dilatation of the arch may act, in the same manner as an aneurism, *i.e.*, by compression. When this is but slight, or absent, the diminution of elasticity retards irrigation and nutrition of the lungs by the blood current. Inflammation of the aorta, by extension to the aortic plexus and pneumogastric, may produce a congested state of the lung, and favor tuberculous eruption. Arterio-sclerosis acts in the same manner, by a retardation of the nutrition of the whole organism, and, of the lungs in particular. Arterial stenosis, observed in youthful individuals, operates in the same way. Phthisis of diabetic subjects greatly resembles arterio-sclerosis where it assumes, particularly, the chronic fibrinous form. Its evolution, progress, duration, and prognosis, are quite similar. Atheroma and sclerotic lesions of the pulmonary artery, in general arterio-sclerosis, are very infrequent, and cannot be regarded as the causes.—*Revista de Ciencias Médicas de Barcelona*, No. 13, 1893.

STATE MEDICAL LICENSURE—THE RESULTS OF TWO YEARS OF TRIAL IN THE STATE OF NEW YORK.*

BY H. M. PAINE, M.D., ALBANY, N. Y.

(Read before the Homœopathic Medical Society of the State of New York, February, 1894.)

THE system of State examinations established under the medical law of the State of New York is an outgrowth of a purpose, persistently held during an incubation of forty years, to secure tests of medical learning that would be satisfactorily trustworthy and more nearly uniform as to standards.

During the first thirty years of that period sincere efforts were made by members of medical faculties themselves to establish within their own membership a uniform system of standards and similar requirements as to the terms and courses of medical lectures; that is to say, the faculties of medical colleges earnestly endeavored to make the *diploma* a satisfactorily reliable evidence of the possession of competent medical knowledge.

All of the efforts put forth by the faculties of medical colleges having repeatedly failed, and there being no reasonable hope or expectation of permanent improvement from that source, leading members of the medical profession at large, about ten years ago, took the work in hand, and devised and established the present system of State medical licensure.

This independent system of medical licensure has been established by the *profession at large* purely for its own protection and betterment and for promoting public interests.

State medical licensure constitutes, in fact, an effective barrier, and at the present time the *only* one, to the foisting upon the profession and the community of numbers of incompetent practitioners, the percentage, as indicated by two years of trial in New York State, being *one in ten*.

It has been purposely designed and is maintained in order to detect *fraud* and prevent *favoritism* on the part of the medical colleges; and the members of these examining boards have already found, in their limited experience, abundant evidences of both, and a complete justification of the actual necessity for the administration of the judicial trusts temporarily committed to their charge.

* Extracts from the report of the State Board of Homœopathic Medical Examiners, presented February 13, 1894.

Having no selfish interests to subserve and no sinister purposes to promote, these boards are disinterestedly engaged in a most important and highly desirable work; one, the practical utility and necessity of which will be even more forcibly demonstrated by the results of accumulated experience.

While this system may not be the best model as to methods and form of construction, although it would seem difficult to see how better ones can be devised, it is rapidly accumulating proof of its satisfactory effectiveness; hence, is worthy of and should receive the united support and cordial endorsement of all who have at heart the permanent elevation of standards of medical learning.

For these reasons, therefore, let the members of these State examining boards receive encouraging expressions of loyalty and confidence on the part of the profession, and let every proper effort be put forth for permanently establishing this exceptionally serviceable system throughout the whole country.

The report of the New York State Board, after a satisfactory trial of two years, shows, beyond all question, the real necessity for establishing tests and standards other than those represented by the *diploma* alone.

The report embraces, in part, the following divisions:

"Administration of the medical law of the State of New York.

"Schedules and dates of examinations and places where held.

"Analysis of examinations, showing percentages of results.

"The elevating and unifying results of the State licensing system.

"Copies of circulars and blanks issued by the regents in order to render the provisions of the medical law practically effective.

"Copy of the medical law of the State of New York.

"The legislation by which the University became the only authority to issue licenses to practice medicine in this State was secured by demonstrating to the Legislature that the United States was almost the only civilized country which had never realized the necessity for protecting its citizens from the imposition of quacks by controlling the licensing power. As a result, the terms 'American doctor,' 'Philadelphia doctor,' etc., had become current in Europe as synonyms for incompetency.

"New York took a most important step in advance of sister States in assuming control of the licensing of physicians through State medical examinations, conducted by the University.

"This law has now been in force for two years, and the promises of its advocates have been more than fulfilled.

"Licenses issued under it are rapidly acquiring the same value as those given in European countries, where only those physicians are recognized who have passed State examinations.

"Similar laws in other States will, before many years, give the American medical profession, as a whole, a position of eminence which it can never reach through the genius of a few individuals."

The schedules of dates of examinations are as follows:

1893.	1894.	1895.
April 11th to 14th.	January 23d to 26th.	January 22d to 25th.
May 16th to 19th.	April 3d to 6th.	April 2d to 5th.
June 20th to 25d.	May 15th to 18th.	May 14th to 17th.
July 11th to 14th.	June 19th to 22d.	June 18th to 21st.
September 26th to 29h.	September 25th to 28th.	September 24th to 27th.
November 27th to 29th.	November 26th to 28th.	November 25th to 27th.

The examinations are held simultaneously in New York City at 21 Cooper Union, Albany Medical College, Syracuse Medical College and Buffalo High School.

The daily examinations occupy six hours—three hours in the forenoon, from 9 to 12, and three in the afternoon, from 1 to 4 o'clock.

The subjects arranged for each day are, Tuesday, anatomy, physiology and hygiene; Wednesday, chemistry and surgery; Thursday, obstetrics, pathology and diagnosis; Friday, therapeutics.

The number examined and the percentages of accepted and rejected candidates are as follows:

State Board, 1892; number examined, 56; accepted, 51 (91 per cent.); rejected, 5 (8.9 per cent.).

State Board, 1893; number examined, 267; accepted, 247 (92.5 per cent.); rejected, 20 (7.4 per cent.).

Homœopathic Board, 1892; number examined, 8; accepted, 6 (75 per cent.); rejected, 2 (25 per cent.).

Homœopathic Board, 1893; number examined, 21; accepted, 19 (90.4 per cent.); rejected, 2 (9.5 per cent.).

Eclectic Board, 1892; number examined, 4; accepted, 2 (50 per cent.); rejected, 2 (50 per cent.).

Eclectic Board, 1893; number examined, 7; accepted, 5 (71.4 per cent.); rejected, 2 (28.5 per cent.).

The charge has been made that the New York medical law, by requiring *all* practitioners, those of long experience as well as recent graduates, to pass an examination before entering upon practice, will prove an insuperable barrier to the admission of older practitioners, and will work an injustice to a class well qualified for usefulness,

although deficient, perhaps, in the technics of modern medical literature.

The following tabulation shows the percentage of rejections based upon the ratio of time between graduation and examination :

Whole number of applicants,	397
Number, date of graduation not given,	39
Number examined during the year of graduation,	268
Number of practitioners of one year,	32
“ “ two years,	12
“ “ three years,	7
“ “ four years,	9
“ “ five years,	3
“ “ six years,	4
“ “ seven years,	5
“ “ eight years,	3
“ “ ten years,	2
“ “ eleven years,	1
“ “ twelve years,	1
“ “ thirteen years,	5
“ “ fifteen years,	1
“ “ nineteen years,	2
“ “ twenty-three years,	1
“ “ twenty-four years,	1
“ “ thirty-three years,	1
	<hr/>
	397

By dividing the thirty-three years of practice represented by the foregoing tabulation into three parts of eleven years each, 345 candidates were examined during the *first* period (practitioners of less than eleven years), the rejections, 26, being 7.5 per cent.

During the *second* period (practitioners of more than eleven and less than twenty-two years), the rejections, 3, being 30 per cent.

During the *third* period (practitioners of more than twenty-two and less than thirty-three years), the rejections, 2, being 66 per cent.

It must be admitted that the supporters of the New York medical law have no desire to render an injustice to any class of practitioners; hence, if further experience shall demonstrate the necessity for amending the law so as to secure a thorough yet equitable application of its principles in the interests of all classes of the profession, those of riper experience, as well as recent graduates, such amendments will be made.

The utility of State examinations is forcibly illustrated by the fact, that the boards, during the first two years of work, have been di-

rectly instrumental in preventing at least *forty* incompetent practitioners from entering upon practice in this State.

It is to be remembered, also, that all of these *forty* candidates were legally graduated physicians, and under the *régime* of the *diploma*, would have been foisted upon the community as properly qualified practitioners.

These forty rejected applicants also bring out the further fact, with most potent effectiveness, that at least *ten per cent.* of the graduates of medical colleges are wholly unqualified for entering upon the responsible duties of active practice.

And not only have these forty incompetent practitioners been actually excluded, but the thorough application of the preliminary educational requirements established by the regents, under the admirably constructed New York medical law, has proved a reasonably effective barrier to the ingress of still *larger numbers* of illiterate practitioners, the presence of whom would be no credit to the medical profession and little, if any, benefit to the public.

These figures do not, however, by any means represent the elevating and unifying work accomplished through the application of the law regulating the practice of medicine in the State of New York. Formerly, without considering the numbers of practitioners coming from other States, between six and eight hundred physicians were annually graduated from New York medical schools with authority to practice medicine in this State. In 1887, the number was 610; 1888, 632; 1889, 611; 1890, 739; 1891, 790. Under the present medical law the total number licensed annually will probably fall short of 400.

SOURCES OF GRADUATION OF SUCCESSFUL HOMŒOPATHIC CANDIDATES.

New York Homœopathic College and Hospital,	8
New York Homœopathic Medical College for Women,	1
Pennsylvania Homœopathic Medical College,	2
Boston University School of Medicine,	2
Chicago Homœopathic Medical College,	1
Hahnemann Medical College, Chicago,	1
Cleveland Homœopathic Medical College,	2
Missouri Homœopathic Medical College,	1
University of Michigan,	2

SOURCES OF GRADUATION OF UNSUCCESSFUL CANDIDATES.

Cleveland Homœopathic Medical College,	2
University of Michigan,	1
Hahnemann Medical College, Chicago,	1

In order to enable applicants for an order for examinations to easily and legally comply with the numerous and somewhat complex provisions of this admirably constructed statute; in short, in order to give practical effect to the requirements of the New York State medical law, the secretary of the regents of the University has issued a series of eleven circulars, qualification blanks and codes of rules. These are furnished on application.

The Revision Commission, appointed to revise, consolidate and codify all the general laws of the State of New York, included in its report to the legislature of 1893, a revised form of the three medical laws then in force.

This revised codification, called "The Health Law," divided into eight chapters, embraces all matters and departments that in any way relate to public health, one of which, Article VIII., entitled, "The Practice of Medicine," embodies in one act all the essential provisions of the three medical laws, viz.: The registration law of 1887; the preliminary education law of 1889; and the three-board licensing law of 1890.

This law, as now constructed, may be considered more emphatically than ever a recognized model of completeness as to scope, and of terseness, brevity and compactness as to form. Copies are furnished on application.

A CASE OF LABOR IN A PRIMIPARA THIRTY-NINE YEARS OF AGE.

BY FRANK H. PRITCHARD, M.D., WEAVER'S CORNERS, OHIO.

A SHORT time ago I was called to a case of labor where I learned that the parturient was a strong and healthy German, who had married about a year ago, and who now, at the age of 39, was about to give birth to her first child. The pains came on about one o'clock in the morning, and soon after the waters broke. I was called at half-past seven in the morning, and found the head well down to within five inches of the vulvar outlet. Pulse good and strong, the mother in good condition, and the pains coming on every few minutes with good force. The child was presenting head first in the first L. O. A. position. The foetal heart sounds were good but rather too rapid. I administered a hot injection into the vagina, gave gelsemium in the tincture, and tried to rim out the vulva with vaseline and my fingers. But it was of no use; the head advanced slightly, but not over an inch during the whole forenoon. During

the afternoon the vaginal injections were repeated every hour, and a hypodermic injection of atropine and morphine given into the hypogastrum. All this was vain. The pains continued every few minutes in spite of no advance of the head, and jamming the head down the body was forced down upon the neck, and finally the presentation converted into a complete face presentation.

As the mother was nearly exhausted and the child nearly dead, for I could not hear the heart-sounds, I chloroformed her; had my wife continue the anæsthetic, and, after dilating the vulva as much as possible by rimming with my fingers, I applied the forceps and delivered a good-sized female child. The perinæum was torn, in spite of all care, nearly into the rectum. The foetus was, to all appearances, dead, but after half an hour's work over the leaden-colored child, who was swollen, cyanotic, without the slightest signs of life beyond a very slow though regular heart-beat, I brought it to life. I used a modified artificial respiration, in that I had the nurse support the head, and I alternately lifted and lowered the child's body, flexing it on lowering and extending it on elevating it, thus forcing the air in and out of the lungs. This is the desired object in all methods of artificial respiration, and I succeeded. I first wiped its mouth of mucus, drew its tongue well forwards, and gave it half a syringe of a 1 per cent. solution of nitro-glycerine to assure its heart's acting. The placenta was expelled easily, and the perinæum, torn nearly into the rectum, was stitched up with silk, and she made an uneventful recovery.

I have a large amount of obstetrical literature at my disposal, and I have read as much as any man of my age who is a general practitioner, for I receive quite a number of medical journals, yet I have only met with one article on the subject of labor in elderly primiparæ, and that I abstracted for the *Homœopathic Journal of Obstetrics*, in 1890, from a German journal. I have it not at hand, so I cannot draw any comparisons. The extreme rigidity of the perinæum was quite remarkable, for the head would not advance after it reached to within two inches of the outlet. One reads much on supporting the perinæum during labor. I am of the opinion that the perinæum is not that which needs support, but the child's head when it is making too rapid progress and the perinæum is not yet prepared to let it pass, *i.e.*, it is not yet dilated. I believe that often, instead of supporting the perinæum, it is better to rim it; that is, to dilate it with the fingers, vaseline, and little muscle. If I can do that in advance, the child's head slips through without either great pain or laceration.

HOW TO STUDY THE MATERIA MEDICA.

BY JOSEPH C. GUERNSEY, A.M., M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

PART I.

PROBABLY no question is more frequently asked by the student of homœopathic medicine than the one, "How shall I study *Materia Medica*?" It is to him the *bête noir* of his medical curriculum, chiefly because he considers it the one branch that can be acquired only by tedious and laborious memorizing. In the other branches he finds helps in the way of object teaching; thus, in anatomy, he can handle each bone in the skeleton, and hear and see the processes and peculiarities of each one described and pointed out; also, by the careful dissections made by the demonstrator, and later by himself, he handles and sees each muscle, artery, nerve and vein, as well as each organ, great and small, in the human body. Of course all this is a vast help in studying anatomy. In surgery, he sees the various operations performed, listens to the *modus operandi*, and finally does them himself on the cadaver before practicing upon the living subject. In gynæcology, physiology, and obstetrics, his study may be greatly aided by visible demonstration and practical work. The study of chemistry is as practical as that of anatomy. But when it comes to *materia medica*, the poor student, although he hears the sphere of action of the remedies ably described, and their symptoms enumerated and explained, yet to really learn these, he feels that he has no other resource but to sit before his open book and patiently to commit to memory the dry symptomatology in much the same manner as he learned his multiplication table. This is the common way *materia medica* is learned—by packing away symptoms in the storehouse of memory, labeled, and ready to be culled to fit into a given case. But I do not agree with the prevalent idea that *materia medica* is a difficult and uninteresting study. On the contrary, when studied correctly, and in a proper frame of mind, it becomes highly interesting; and instead of being a hard study it is easy—indeed, I often think it the very easiest branch of the medical curriculum.

To begin with, I believe that each remedy should be studied and learned by itself. The comparison of remedies is, of course, the all important factor in accurate prescribing; but, these comparisons

should *not* be attempted by the tyro; they belong to the advanced student. For, only the direst confusion and the worst sort of indigestible hash will result in the mind of the beginner who tries to master, simultaneously, three or four, or six or seven, remedies, although "belonging to the same class," and to differentiate the fine points between them. In fact this latter is the accomplishment of only a master of *materia medica*!

To begin with, then, let the student sit down in an easy chair with, if he pleases, pipe in his mouth, and read over attentively any remedy he may select, noting as carefully the *characteristics* of that remedy as he would observe the traits and peculiarities of any other new friend whose acquaintance he was desirous of making. I use the word "friend" advisedly; for, sooner or later, he will need the friendship of that remedy to ease the suffering or ward off the death of one of his patients. I repeat, that in the first reading of a remedy, he should pay particular attention to ascertaining its singular, striking, characteristic symptoms.* He will thus gain an idea of that remedy's peculiar genius, or particular line of action. If, e.g., the remedy be aconite, he will be struck with the marked and peculiar kind of restlessness, mental anguish, attendant upon all its symptoms. So forcibly will he be impressed with this ever-present symptom, that he will, by and by, say to himself, "Why, I don't see as I shall ever think of giving aconite to a perfectly calm patient, one who takes his sickness quietly." He will notice, too, "Why, all the symptoms of aconite are apt to be accompanied by fever, and by a full, hard, very quick pulse, and every symptom is a 'large' one, *i.e.*, the restlessness is excessive; the vomiting and diarrhœa are both abundant and frequent; I need not think of aconite where the diarrhœa is scanty and infrequent; the hæmorrhage, too, is profuse and rapid; the thirst is so great as to be 'unquenchable;' sweat is abundant; the pains, wherever occurring, are all violent and excessively severe—always accompanied by restlessness and mental anguish." And so, after an hour or two of pleasant and attentive reading (not laborious study), he closes his book with the remark,

* "In searching after a homœopathic remedy, . . . we ought to be particularly, and almost exclusively, attentive to the symptoms that are *striking, singular, extraordinary, and peculiar* (characteristic), for it is to these latter that similar symptoms, from among those created by the medicine, ought to correspond, in order to constitute it the remedy most suitable to the cure."—Hahnemann's *Organon*, § 153.

I regard this paragraph as the key-note to the whole mystery, "How to study the *Materia Medica*."

“ Well, I’ve not learned many special symptoms to-night, but I certainly have learned the individuality of aconite in so far as to know, in a general way, when to give it, about as well as I know which one of my friends to call upon to help me out of a particular difficulty.” Yes, that student has learned not only something of the individuality of aconite, but he has also learned how to study each remedy in the materia medica so as to acquire a knowledge of its characteristic curative power. Later on, after he has mastered the individuality of bell., bry., ferr. phos., gels., etc., he can, with ease and understanding, compare all these remedies, and decide which *one* of them is the similitum to a case of sickness under his care. Now, this is the way, the easy way, for the beginner to study his materia medica. By careful and attentive reading, he will find the *genius* of each remedy, like a thread running through each drug upon which all the symptoms are strung like beads ; a vein that is just as decisive as the vein of gold the assayer examines to determine whether a mine is worth the working. After becoming familiar with the individuality of aconite, let him study—say, belladonna. Here, he finds the patient lying perfectly still, in a darkened room, in a soporous condition. He is struck with the characteristic *throbbing* of belladonna ; the pulse has a throbbing beat, and the pains are throbbing in character ; throbbing of the carotids ; there is a marked sleeplessness and lethargy accompanying all the symptoms ; sleepiness, with restlessness ; drowsiness, with inability to sleep ; pupils are dilated ; twitching of the muscular system ; perfectly dry and hot heat, so hot that the palm of the hand still feels hot after removing it from the patient’s body, so hot that, on turning back the bed-clothes, heat wells up as from a furnace, and the hæmorrhage is hot as it comes away. Also, the suddenness of belladonna, the sudden startings from sleep, or, on falling asleep ; its pains suddenly stopping, or suddenly beginning, or both. After an hour or two of this pleasantly attentive reading, he will say, “ Well ! the individuality of belladonna is not so hard to learn, after all ; I guess I can easily recognize it when it is indicated.”

Pursuing this plan of study, what student cannot recognize the ferrum metallicum patient, after a single evening spent in observant reading of its range of curative power. He will lay back in his chair, after closing his book, and recall the following conditions. There is *weakness* ; patient *looks strong*, but feels weak and *really is weak*, from mere speaking, or walking. Prostration, with restlessness ; cannot keep quiet. General relief from walking very slowly,

but is worse from any active efforts. Over-sensitiveness to pain. Melancholy. Rush of blood, and flushes of heat in the face. Hot head, with cool or cold extremities. Headache at close of menses. Face is often pale, may be puffy; but with headache is red and hot. With the diarrhœa there is easy flushing of the face, and generally unnatural hunger. Cough worse from moving; coughs up blood which is always accompanied with great weakness, in the morning on rising; expectoration thin; scanty, frothy, with streaks of blood. Dyspnœa with oppression of chest as from pressure of a hand—this seems to be caused by rush of blood to the chest—cold feet and extremities with rush of blood to single parts, a not infrequent symptom in persons whose circulation is feeble, etc.

Thus a student should read up and become familiar with the polychrests to begin with. Let him master thoroughly the *individuality* of each one of these, without trying to commit to memory the particular symptoms of each one, and then he is able to assume the practice of any busy physician who wishes to go away for a few weeks' rest.

I wish it plainly understood that I have so far dealt only with the first steps in the study of materia medica; those to be taken by the beginner. This plan of study affords a foundation, or groundwork upon which he can by further research, and later, by experience, erect the superstructure of a perfect knowledge of the materia medica. Having gained a knowledge of the "general run" of a remedy, he is sufficiently advanced to then search out and learn its fine points, and exceptional symptoms, *i.e.*, those which differ from its general or ordinary sphere of action. Next will come the comparison of remedies—how, and in what manner they differ from each other; how one remedy is "better before midnight," the other "after midnight;" how one is ameliorated by heat (*cyclamen*) and the other, though very similar in many respects (*pulsatilla*) yet is aggravated by heat; how, like *bryonia* and *rhus tox*, both are worse on beginning to move, but *rhus* gets better from continued motion while *bryonia* does not. Also how two, three or four remedies may present such an almost indistinguishable similitude in many respects, yet in the eruptions on the face, there is a marked characteristic and a most easy difference to observe. For instance you may have a case in which nausea and vomiting stand out as the chief symptoms. Among the many remedies for this condition the characteristic face eruption of *antimon. crudum* being observed on the patient, painful, pustular eruption with yellow

erust, nostrils and corners of mouth chapped, cracked and covered with crusts, will quickly lead to the choice of this remedy.

My idea of the *materia medica* is to so know it that it shall have a *practical* value to its possessor. A theoretical knowledge of its general physiological effects, as to what tissues of the body it most affects; whether it has most to do with the circulatory system, or the muscular, or the chylopoetic, is very well in its way; but it is not just the knowledge that a physician in active practice desires to carry to the bedside with him. We want to know our *materia medica* in such a way that when we see a patient, the very delineations of his countenance; the way he moves or walks; the manner in which he expresses himself—whether with the lightening speed of lachesis, or the slow, labored style of phosphoric acid, shall at once suggest the remedy, independent of any physiological or pathological condition. I have associated with such giant-masters of the *materia medica* that they could frequently tell what remedy was called for by simply sitting by the bedside and looking at the patient, before a single question was asked—just exactly as we recognize a friend by the tone of his voice, or facial expression; on hearing his merry ringing laugh, or quiet chuckle.

A master of the *materia medica* said to me several years ago, “I make it a point to read over some remedy every night before going to bed, and then laying the book under my pillow I sleep on it. I imagine that my reading gets more thoroughly into my brain and remains there better by doing this.” I cannot vouch for the latter clause, but it certainly would help us, and all the sick ones under our care, if we did the first.

PART II.

There is yet another way to study *materia medica*, and it is a way that should prevail among all those students of medicine, of whatever school, who sincerely desire to become masters in the “Divine Art” of healing. It is a way that can be pursued with as equal benefit by the beginner as by the learned expert in *materia medica*. It is a way that affords more practical aid, and more objective teaching to the student, than either anatomy, or surgery or chemistry yields. It is a way that was especially included in the course of instruction to the students of the Allentown Academy, the earliest homœopathic medical college in the world. It is a way that, profiting by our experience, as they so often do, the allopathic school is now largely adopting; while we, to our shame be it said, have practically, if not actually, ceased to avail ourselves of the vast benefits

that accrue from its use. It is the way that will make a deeper and more lasting mental impression on the student than any other way. It is the only way that Hahnemann himself studied the *materia medica*, and his example was followed by the most learned and most successful of his disciples. It is the single way that any credible additions ever have been, are now, or ever will be made to our knowledge of the *materia medica*. I of course refer to the proving of drugs, and the observing of their effects, *i.e.*, *their symptoms*, upon the healthy subject. In no manner can a coterie of students more advantageously devote a large portion of their time in studying the *materia medica* than by the proving of remedies.

Just as classes are continually being formed to study Shakespeare and Browning so the students of each homœopathic medical college in this country should form classes to prove remedies.

They should first read over § 19 to § 30 of Hahnemann's *Organon*, and then proceed strictly according to § 120 to § 142; also § 267 to § 272. They should meet frequently to report the symptoms observed and experienced, as each one will have noticed some shade of difference in intensity, or will have a happier and more forcible way of expressing the results obtained. Some symptoms will have been particularly and universally prominent, while, in many instances, some one of the class, owing to the peculiar state of his system, or his particular idiosyncrasy, will experience one or more symptoms which were unobserved by the others. Throughout the proving, they ought to be particularly "attentive to the symptoms that are *striking, singular, extraordinary, and peculiar* (characteristic).—Hahnemann's *Organon*, § 153. It is by thus meeting and comparing notes, that each one of the class will have indelibly engraved upon his mind the perfect image of a remedy.

Consider what the study of *materia medica* is meant to accomplish. *It is that we may learn what the curative powers of medicine are!*

We, of the homœopathic school, know that, according to Hahnemann's *Organon*, § 27, 'the curative powers of medicine are grounded upon the faculty which they possess of creating symptoms similar to those of the disease itself.' In no other way can one so well, and in the most practical manner, learn what the curative powers of medicines are as by proving them.

Of the value of a knowledge of the *materia medica* to the homœopathic physician I must quote from a former article of mine,* where

* "The Dependence of Homœopathy upon its *Materia Medica*." *Trans. of the Hom. Med. Soc., of Penna.*, vol. 1892.

I stated that the very dependence of homœopathy, both now and for the future, is its materia medica; that homœopathy could not have been brought into existence without its materia medica; that it has not made any progress since the day of its birth, or ever can make any progress in all time to come, except by and through its materia medica.

A CASE OF LOW TEMPERATURE IN TYPHOID FEVER, WITH RECOVERY.

BY LEWIS W. FLINN, A.M., M.D., WILMINGTON, DELAWARE.

E. P.—, æt. 19 years, came under my care October 5, 1893, suffering with what turned out to be an ordinary case of typhoid fever for three weeks; the usual temperature obtained, and there was nothing unusual to note until the morning of November 11th, when the following was observed:

The temperature at 6 P.M., November 10th, was 101° , pulse 82.

November 11th.—8.30 A.M., temperature 93.1° , pulse 58; 9 A.M., temperature 92.4° , pulse 58; 10.15 A.M., temperature 95° , pulse 68; 11 A.M., temperature 95.2° , pulse 64; 12 M., temperature 95.1° , pulse 60; 12.30 P.M., temperature 94° , pulse 70; 1 P.M., temperature 94° , pulse 74; 2 P.M., temperature 95° , pulse 70; 3 P.M., temperature 94° , pulse 68; 4 P.M., temperature 97° , pulse 70; 5.30 P.M., temperature 97° , pulse 70; 6.30 P.M., temperature 97.4° , pulse 70; 9 P.M., temperature 98° , pulse 80; 11 P.M., temperature 98° , pulse 80.

November 12th.—1 A.M., temperature 97° , pulse 70; 3 A.M., temperature 98° , pulse 74; 7 A.M., temperature 97° , pulse 68; 9 A.M., temperature, 98.2° , pulse 72; 11 A.M., temperature 99.1° , pulse 74; 1 P.M., temperature 100.1° , pulse 84; 3 P.M., temperature 101° , pulse 84.

Four different thermometers were used, to make sure there was no mistake. Intestinal hæmorrhage was of course looked for, though in vain, and the case went on rapidly to recovery, and was discharged, cured, November 23d. What the cause of fall of temperature was remains a mystery.

CHILBLAINS.—In the *Homœopathische Monatsblätter*, No. 12, 1893, kali chloratum is recommended in the treatment of chilblains. Apply locally a solution of the crude drug, in water, on cloths and give a trituration internally.

EDITORIAL.

THE MULTIPLICATION OF MEDICAL COLLEGES.

ONE of our American humorists was wont to maintain that Alaska had been purchased solely for the purpose of providing post-offices for would-be but disappointed office-holders. We are forcibly reminded of this original idea when we note the wonderful increase in the number of medical colleges, polyclinics, post graduate schools *et id omne genus*. By a process of gemination, or fission, or sometimes by a species of *generatio æquivoca*, we see these institutions multiplying in the land, and are bound to ask ourselves whether they are called for, and whether this increase will have a beneficial or prejudicial effect upon the profession at large.

Without directly applying the "post-office" theory above alluded to, we must acknowledge that there is—not only to the lay ear, but even to many a professional ear—a weird enchantment in the title *professor*. In the case of some particularly practical chairs, it is true, this materializes in the shape of increased practice and consultation fees, but even the bare and empty title seems to possess a charm peculiarly its own.

When we read of the post-graduate school in New York having 123 professors, instructors, demonstrators, etc., and of a school in Philadelphia with 108 officials, we are glad to think that here in the East the supply of offices has nearly come to equal the demand.

When we conjure up the picture of the various public hospitals and their long train of physicians and surgeons-in-chief, of consultants and of residents, etc.; of the private hospitals, with their chiefs and internes; of the public dispensaries, with their various sections, each with its chief and sub chiefs and assistants, first, second and third; of the private dispensaries, with their physicians-in-charge and consultants, and then add the large sprinkling of medical men on the boards of managers of these various institutions, we feel that the sight of a private physician unattached would be refreshing.

It is in the West and South that the need of new institutions is principally felt, and it will be some time, we fear, before all will be supplied with positions befitting the demands and capabilities of the candidates. There, where the material for the filling of hospitals and dispensaries is not so abundant, new medical schools furnish the main outlet for the zeal that is eating up the profession. These schools being, in a great measure, dependent for their con-

tinued existence upon their financial success, and this upon the number of students who can be induced to matriculate, it is natural that some form of special inducement must be held out in order to make this as large as possible. Some years back this usually consisted in a shorter course of study and correspondingly lessened expenses. The general sentiment of those already in the profession, and the requirements of several of the examining boards having put an end to this form of inducement, and the inevitable examination for license at the end of a longer course cutting off any dreamed-of lowering of the standard of graduation, there is but one thing left. While we in the East are endeavoring to raise the standard of requirements for matriculation, we find elsewhere a tendency to belittle the value of a collegiate course previous to entering upon the study of medicine. Herein lies, we think, the main danger from the multiplication of medical colleges. The same competition that, in view of the licensing board, will render the colleges most alert in preparing their students for examination, will cause them to neglect or undervalue all that which does not directly tend to this end. The result will be that the profession as a whole will never again be able, by the general culture of its members, to regain the honored and influential position in public estimation once possessed by it, but which has been lost through the glaring lack of education and cultivation in so many of those by whom it has been adopted.

To prevent this result, one of the State boards has established the requirements necessary to enable a student to enter a medical college. A more striking example of unjustifiable "excessive legislation" could hardly be found, and yet it proves that the danger we have pointed out is imminent. A far better way, in our opinion, would be to do, as in granting a license for a liquor saloon in many cities, to refuse a charter until the necessity for an institution of the kind in the neighborhood has been proved.

That our standpoint may be thoroughly understood, we would emphasize that it is not the *facts* obtained in a collegiate course which we consider of so much importance, but the *habit and constitution of mind and mental discipline* gained in acquiring them.

PRIVILEGED COMMUNICATIONS.

Now that the question of medical examining boards in Pennsylvania has been settled, and before the bureau on Legislation of the

State Society has doffed its war-paint, we would suggest the above as a most important subject upon which legislation should be had.

From an interesting paper by I. J. Montague, M.D., of Winston, N. C., on "The Physician in Relation to Courts of Justice," appearing in the *Medical and Surgical Reporter*, of December 30, 1893, we learn that only in the following states and territories are the confidential statements made to a physician privileged, viz., New York, Arizona, Arkansas, California, Idaho, Indiana, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, Ohio, Oregon, Utah, Washington, Wisconsin, Wyoming, Colorado, Michigan and Minnesota.

In these, with slight modifications, we find the enactment of the New York code that "no person duly authorized to practice physic and surgery shall be allowed to disclose any information which he may have acquired in attending any patient in a professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon." The difference between this "shall not be allowed to disclose" and the miserable detective business that the laws of this commonwealth would seek to fasten upon physicians does not redound to the credit of Pennsylvania.

It would seem that there could be no two opinions upon the question, in view of the principle that no one is compelled to incriminate himself. The compulsory disclosing by the physician of something necessarily confided to him by a patient is surely tantamount to a compulsory incrimination of himself by the patient. From the standpoint of the physician, it seems almost absolutely necessary that he should be able to have the entire confidence of his patients, and that he cannot hope for, unless they can regard their secrets as absolutely safe in his keeping. The lawyers have wisely seen to it that the communications made to themselves should be privileged, and we think it is time that the physicians in Pennsylvania should be accorded the same protection as they find in the states and territories mentioned. We have never heard of any evil resulting to morality or to the state from these enactments. So long as the present laws exist, all the instincts of duty, humanity and honor, must prompt the physician to preserve and cultivate a blissful ignorance in cases where there might be danger of his being called to task for not acting as an unpaid, self-appointed detective and informer.

THE HAHNEMANN MONUMENT.

THE American homœopathists are committed to the erection of a statue in honor of the great medical reformer, Samuel Hahnemann, the one man above all others who has improved the practice of medicine, relieved suffering and lengthened human life. Humanity owes his memory a debt of gratitude that can never be paid. The movement, fathered by the American Institute of Homœopathy, to place in the City of Washington a bronze statue in memory of Hahnemann and in commemoration of the method of cure promulgated by him, should receive the immediate and hearty support of every member of the medical profession embraced in the homœopathic ranks and their friends and patients. Captious criticism, which is simply the time-worn method of escaping rightful responsibility, should be brushed away without consideration, and every member of the profession should contribute according to his or her means. Every one can give something—much or little. For success's sake give *now*—either your pledge or your money. Give something at once—as much as you can spare—and put your name down on paper for a generous subscription when times are easier. Take hold of this matter in a business-like way, and the whole amount can be secured by the time of the Denver meeting. A great success will reflect great credit upon homœopathy.

It must be clearly understood that the success of the Hahnemann Monument depends entirely upon the conscientious faithfulness of the members of the profession. The credit of homœopathy is at stake; the pledge has been given. The 12,000 homœopathic practitioners in the United States can raise this monument to the father of scientific therapeutics easily if they will accept their obligation and do their best according to their means.

Have you subscribed? If not, do so at once, and ease the work and difficulty of those in charge by mailing your subscription or check to J. H. McClelland, M.D., Chairman, Fifth and Wilkins Aves., Pittsburgh, Pa.

THEORY AND CONDITION.

You may not believe in medical examining boards. You may have a special theory how to overcome the evil of incompetent medical practitioners. Thus far, well and good. But when you are brought face to face with legislation in your State on medical license, it is time for sound political common sense. Get together, and go to your legislature and demand a *separate* and *distinct* board of medi-

cal examiners for the homœopathic school. Ask for it, fight for it, and get it; otherwise you don't deserve it.

Separate and distinct representation, like New York, Pennsylvania, Connecticut, Delaware, Maryland, District of Columbia, Florida, etc., is far better than being dependent upon our hereditary enemies by being forced by law into a coalition with other schools, and we with minority representation, like Tennessee, Illinois, Minnesota, Virginia, New Jersey, and Missouri; or like the States without any representation, *i.e.*, Mississippi and Alabama. It is a crying shame that our physicians in the great States of Illinois, Minnesota, and Missouri, with their large and influential homœopathic representation, their thoroughly organized State Societies, cannot get together, pool issues for the general weal, and crush the powerful allopathic medical monopoly of the licensing franchise by securing the absolute and sole control of examining and licensing homœopathic physicians. The position of these States is weakening and demoralizing to the States in which homœopathy is not well represented, and where our numbers are not yet sufficient to create public sentiment sufficient to force the old-school doctors to just treatment of our candidates. Homœopathy should have but one battle-cry: "Separate Boards or None." To harp and theorize on the *pros* and *cons* of the Examining Board question is useless and hurtful to homœopathic interests. It masks the real issue. We, as a minority school, can protest, but we cannot stop the coming of the license as the standard of medical qualification. The day of the diploma is gone. Sooner or later each State and Territory will have a board of some character. Practical politics teaches us not to dream over theories, but to grapple with conditions, or else find ourselves legislated out of existence. Our enemies want single boards. Knowing this to be their desire, demand separate boards; insist on having them, and we will get them, for legislators have a keen appreciation of the American sense of fair-play, and will not wittingly force a weaker body into the position of subjection to an arrogant majority. With our own boards we are prepared to test honestly, and safely to ourselves, the merits of the system of licensure. If the boards are found wanting, they can be improved; if they still prove unsatisfactory, we will be in position to overthrow them and get something better—as our school will be intact, and our organization strong and powerful. Not so in the case of single boards with minority representation; they mean for the weaker schools languishing institutions and disintegration. The question is not one of *Diploma* or *License*. It is SINGLE or SEPARATE Boards.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D.,

FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

CONFUSION OF DISEASES OF THE LARGE INTESTINE WITH GASTRIC AFFECTIONS.—Prof. Germain Sée recently read a paper before the Paris Academy of Medicine, in which he asserts, that in a third of those patients with apparent stomach affections, and, above all, in women where they have been threatened for years with chronic gastric dyspepsia, examination reveals neither disturbed chemism, dilatation nor stomachic indigestion. Indeed, there is nothing the matter with their stomachs, for it is the large intestine which is the seat of their disease, mucous-membranous enteritis or a secretion of mucine without phlegmasiac fibrine. This mucous-membranous enteritis is characterized by painfulness and dilatation of the colon, gaseous fermentation, etc., but these symptoms are only accessory, for the true characteristic is the evacuation of glairy mucus, ribbon-like or cylindroid masses, expelled with the fæces, and often associated with the hardened residue of the food. This form of enteritis may be dependent upon habitual constipation, either of hæmorrhoidal, utero-ovarian or hernial origin. The diet should preferably consist of hearty foods—ham, pork, game, half-boiled eggs, milk, potatoes, either boiled or mashed, and rice. Fruits are of no advantage. Water and tea are the best beverages. Waters, surcharged with carbonic acid, are not advisable, nor is alcohol, as it is chiefly absorbed by the stomach, and, if allowable, it is only temporarily when digestion is poor. Then a hot grog is preferable. White and red wines are absolutely interdicted.—*La Semaine Médicale*, No. 73, 1893.

ADDISON'S DISEASE.—In a paper entitled "A Study of Addison's Disease and of the Adrenals," Dr. W. Gilman Thompson advances the following conclusions: (1) That Addison's disease is a condition arising from and depending upon irritation of the abdominal sympathetic nerves through lesions of themselves, their ganglia, or of the supra-renal capsules.

(2) In the great majority of cases, the disease arises as a primary or secondary tuberculosis of the adrenals, and the sympathetic system is affected by extension or reflexly.

(3) Actual lesion of the sympathetic, though far more common than is supposed, is not essential.

(4) In a certain proportion of cases (not over twenty per cent.), the adrenals are affected by some lesion other than tubercular, and in a few (twelve per cent.) they remain normal.—*American Journal of the Medical Sciences*, Oct., 1893.

THE FIRST SIGNS OF LOCOMOTOR ATAXIA—According to Prof. Fournier the first symptoms of ataxia may be classed as follows: (1) Sign of Westphal. (2) Sign of Romberg. (3) The "stairs" sign. (4) Crossing of the legs. (5) Walking at the word of command. (6) Standing on one leg.

(1) Westphal's symptom is well known; it consists in the abolition of the pre-trotulan reflex, and is present in two-thirds of the cases.

(2) Romberg's sign can be thus appreciated: The eye is an indirect regulator of motion; it helps to correct the deviations in walking and maintains the equilibrium. When a patient is suspected of incipient ataxia, it will often suffice to make him close his eyes when in the erect position to verify the diagnosis. In a few instants his body will oscillate, and if the malady is somewhat advanced, he will be in danger of falling.

(3) The "stairs" symptom. One of the first and most constant symptoms of incipient ataxia is the difficulty with which patient will descend stairs. If questioned closely on the subject, he will say that at the very outset of his malady he was always afraid of falling when coming down stairs.

(4) The manner in which the patient crosses his legs is often significant. In the normal state, a man when performing that act, simply lifts one leg to the height necessary to pass over the other, whereas in the affection under consideration, he lifts it much higher than necessary, describing a large segment of a circle.

(5) Walking at the word of command. The patient seated is told to get up and walk instantly. After rising he will hesitate, as if he wanted to find his equilibrium before setting off. If, while in motion, he is told to stop short, his body, obeying the impulsion, inclines forward, as if about to salute, or, on the contrary, jerks himself backward to resist the impulsion forward.

(6) The patient is asked to stand on one leg, at first with his eyes open, afterward closed. Although man is not made for this position, yet he can balance himself pretty firmly for a little time. The ataxic will experience a great deal of difficulty, and will instinctively call to his aid his other foot so as not to fall. If his eyes are closed he will not be able to stand one instant, and if not held would fall heavily to the ground.

Such are the symptoms of incipient locomotor ataxia; frequently they will not all be present, but they should all be sought for in order to avoid an error which might have grave consequences.—*N. Y. Med. Times*, Mar., 1894.

CHLORALIC DELIRIUM TREMENS.—Dr. Ballet related the case of a chloral taker, who after ingestion of a large dose of the drug presented the usual symptoms of alcoholic delirium tremens. The temperature ran up to 40° C., and the patient succumbed in collapse similar to alcoholic fever patients, in spite of injections of caffeine, spartæine, etc., which were administered to combat the cardiac asthenia.—*La Semaine Médicale*, No. 46, 1893.

ERYTHEMA NODOSUM OF THE INTERIOR OF THE MOUTH.—Dr. Millard records a case of a woman of 34 years who presented two small circumscribed nodes in the thickness of the cheek beneath the buccal mucous membrane, of the size of an almond and so limited that they looked like dental cysts or tumors requiring operation. On examining this patient it was discovered that she presented several erythematous nodes especially around the knee. The whole process being decided of rheumatismal origin and the patient's bad teeth the occasioning cause, she was given the salicylate of soda, four grammes per diem, which caused all the phenomena to disappear together with the buccal tumors.—*Le Semaine Médicale*, No. 46, 1893.

TREATMENT OF RINGWORM.—Dr. Colcott Fox says that the special difficulties met with in curing chronic ringworm of the scalp are due chiefly to the situation of the fungus, the anatomical structure of the follicle, and the character of the soil or culture medium. The fungus finds a specially favorable soil in the intrafollicular portion of the deeply embedded hairs, and often spreads beyond the keratinised cells to the more succulent and to the bulb itself. It fills the space between the hair and its internal root-sheath, and occasionally involves the latter structure.

The local treatment should be considered under three heads—mechanical, paraciticidal and irritative. Under the head of mechanical treatment, epilation is the most important, whether by forceps extraction, by the thumb and spatula, by adhesive applications which entangle the hair, or by the induction of inflammatory processes. To be of use, epilation must be effected under one of three conditions: (1) either before the hairs have reached a certain stage of disintegration; or (2) when under the effects of treatment they have recovered to some extent their consistence; or (3) when they are so loosened by inflammatory exudation that very slight traction removes them. The purely paraciticidal treatment is a slow means of cure. Shaving the scalp, when practicable, is to be strongly recommended if carried out under due antiseptic precautions. It is cleanly, removes all the disease for the time being above ground, prevents contagion, and has a good moral effect. The choice of a paraciticide must be governed by various considerations, such as the age and sensitiveness of the child, the social surroundings, and the number of patches involved. The choice of an intelligent person to superintend the treatment, and the personal attention and time of the medical attendant, are of more importance than the choice of a particular remedy. Ringworm is a disease which can only be cured, in many cases, in a reasonable time by the prolonged attention of an expert. Dr. Colcott Fox strongly favors the application by skilled hands, of the croton oil treatment of obstinate patches. He has often had brilliant results from its use in selected cases.—*British Jour. of Dermatology*, No. 9, 1893.

THE CORTICAL CENTRE FOR FACE MOVEMENTS.—Brissaud relates a case which,

to his mind, indicates clearly the situation of the centre in which the movements of the face are represented. The patient, a female, aged 80, had an apoplectic stroke in April, 1889. Consciousness returned after an hour, and then she was found to have a right hemiplegia and aphasia. In the course of a fortnight speech was restored, and the hemiplegic weakness much diminished. Nearly two years later the patient returned to the hospital suffering from cardiac insufficiency. Some stiffness still remained on the right side, together with permanent hyperaesthesia. The face was a symmetrical to a marked degree. The mouth was drawn to the left; the left angle of the mouth was opened; the right angle was closed and depressed, allowing the saliva to dribble out constantly. The right nostril was narrowed, the ala on that side was immobile, and the furrows of the cheek were obliterated. The right upper eyelid was drooping, but could be closed at will, though to less extent than the left. The right pupil was dilated, but this was attributed wholly to senile amblyopia (more advanced in the right eye than in the left), as the reactions of the pupil were preserved both to light and to accommodation. Wrinkles were scarcely appreciable on the right side of the forehead, but were well marked to the left of the middle line. Patient succumbed to her cardiac troubles three months after her admission.

At the autopsy the brain was found to present a single cortical lesion—a yellow softening in the region of the left Rolandic operculum, immediately behind the frontal operculum (*i. e.*, immediately behind the lower end of the fissure of Rolando). The softening extended to the upper sulcus of the island of Reil. Numerous granular bodies existed near the inner border of the left peduncle, but no secondary degeneration was visible (to the naked eye) in the cord. There was a small focus of degeneration at the lower and outer portion of the corpus callosum.—*Progrès Médical*, Dec. 30, 1893.

A NEW TREATMENT FOR PULMONARY TUBERCULOSIS.—G. M. Carasso publishes (*Gazz. d. Osp.*, November 2d), a short note on a new method of treating phthisis. Starting from the fact that L. Braddon had obtained good results from the inhalation of peppermint oils (*Lancet*, March, 1888), Carasso began a series of experiments with that oil, and finally arrived at the following method of treatment: Continuous inhalations of peppermint oil are combined with the internal use of an alcoholic solution of creasote with glycerine and chloroform, to which is added peppermint oil in the quantity of 1 per cent. He has already treated thirty-nine cases of tuberculosis, among them several with cavities and with abundant bacilli in the sputa, and he claims to have obtained excellent results, amounting in some cases to a cure. The bacilli disappeared in from thirteen to sixty days. Cough, expectoration, and sweating ceased, the nutrition and weight increased, and the physical signs were such as to warrant the belief that *restitutio ad interum* had taken place in the lungs.—*British Medical Journal*, December 9, 1893.

RESTRICT MEAT IN EPILEPSY.—Dr. William H. Thompson had long thought that more light could be thrown upon the subject of functional nervous diseases by chemistry, than by pathological anatomy. The striking feature of intermittency pertaining to functional nervous diseases, such as epilepsy and migraine, certainly deserved study. It was in marked contrast with what was observed in organic nervous diseases. Considering these facts, he had always felt a great interest in the question of auto-infection from the alimentary canal in functional nervous disorders. For years it has been his custom to inquire carefully into the condition of the intestinal functions in epileptics. One of the first questions he put, was, whether the patient's breath was offensive before, during or after an attack, and in about 80 per cent. of the cases, the friends had given an affirmative answer. In about 40 per cent. there had been evidence of flatulence and other intestinal disturbance; in a small per cent. there had been diarrhoea. Treatment based on this knowledge has given considerable encouragement. Regarding the diet of epileptics he has been in the habit for years of cutting off nearly all flesh food, relying on milk for the nitrogenous element, especially in the form of matzoon or fermented milk, and a moderate amount of vegetable food. Peas and beans increase the albumin in the urine in chronic Bright's disease, and are apt to aggravate any renal trouble. Probably beans increase intestinal putrefaction, aggravate kidney troubles, and enhance the dangers of convulsive nervous disorders. There is a great difference between nitrogenous food as found in milk and as found in flesh. The fact that almost all carnivorous animals die in convulsions, and that the feline tribe are peculiarly liable to fits, gives some reason for believing that a meat diet is not favorable for epileptics.—*Medical Record*, February 3, 1894.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D.

COVERING THE OSSEOUS DEFECT IN SPINA BIFIDA WITH TRANSPLANTED BONE.—Dyakonof, of all the methods proposed to remedy the bony defect in spina bifida, prefers that of Prof. Brobrof, which consists in removing a scale of bone from the iliac portion of the innomate. He has thus treated a young child with success, and over three months afterward he could convince himself that the lamella was adherent though still slightly movable on compression. The child was but sixteen months of age, while Brobrof's patient was eight years old. In children of early age the iliac portion of the innomate bone is so ill-developed and the part from which the graft is taken, the region between the posterior superior spine and the sacro-iliac articulation is but very small. Though this renders the operation difficult it does not necessarily force one to reject the method. In his case the opening was so broad that only with difficulty was sufficient osseous tissue obtained to cover completely the defect.—*Revista de Ciencias Médicas de Barcelona*.

CHLOROFORMIZATION BY SMALL AND CONTINUOUS DOSES OF CHLOROFORM.—Baudouin, of Paris, recommends anæsthetization by the administration of chloroform in small and continuous doses. It is allowed to drop slowly and continuously without interruption. It causes less excitement, the anæsthesia is quieter, the after effects are claimed to be less pronounced. Absolutely pure chloroform, contained in small glass tubes of 40 to 50 grammes, acted best. At the most, thus, one consumes 20 grammes an hour. Anæsthesia may be extended for two hours and a half. Even in patients with heart disease, pleuritis, etc., it involves less risk.—*Muenchener Medicinische Wochenschrift*.

Dr. Jessup, of this city, used but little over a drachm of chloroform in this way for a prolonged ovariectomy some years ago.—W. B. V. L.

TUBERCULOUS PERITONITIS CURED BY APPLICATION OF COLLODION TO THE ABDOMEN.—Dr. Millard records a case of tuberculous peritonitis which was cured by applications of collodion to the abdomen. At present the abdomen is flat without being retracted, the walls are flaccid, depressible, and without the peculiar resistance described by Grisolle. On palpation several points of induration were to be felt, especially one at the border of the right ribs, several disseminated nodes in the right iliac fossa and a band or sort of peritoneal cake. Lying transversely in left hypochondrium and epigastrium and several fingers' breadth in width, and with a thickened inferior border it might have passed for the margin of the swollen liver if it were on the right side. This band of induration appeared to be formed by the adhesion of the transverse colon and the great omentum. Even deep palpation of these masses was not at all painful. The liver and spleen remained normal. The heart and lungs were normal. The patient was entirely cured, though she was still weak and anæmic, with numerous peritoneal adhesions.—*La France Médicale*.

TREATMENT OF HYDROCELE.—Sato, of the Juntendo Hospital of Tokyo, Japan, in a report on the surgical work of that institution, recommends scarification of the vaginal tunic in hydrocele. The important points to be remembered are: strict antisepsis and checking the hæmorrhage. In case that these are followed out there is no inflammation, swelling nor pain. Generally, in the course of a week, the margin of the incision heals by first intention, when all sutures may be removed. But if this is not successful the scrotum will swell and be painful, with rise of temperature. When this occurs two or three sutures are removed and a probe introduced to make an outlet for the accumulated blood and pus. Apply antiseptic gauze and a bandage, with rest in bed. The symptoms then abate and recovery soon follows. The manner of suturing is also important. He employs antiseptic silk or catgut for the tunica vaginalis and silk for the skin. If the cutaneous wound be stitched too far from the margin the elasticity of the scrotum will cause the two margins to roll inwards and thus bringing the two cutaneous surfaces into contact they are liable to separate.—*The Sei-i-Kwai Medical Journal*.

PRELIMINARY TRACHEOTOMY IN OPERATIONS IN THE MOUTH AND PHARYNX.—Picqué believes that it is to be done when an operation is performed on the tongue

or pharynx, especially bloody operations in the pharynx and, in particular, nasopharyngeal fibromata. He has abandoned Trendelenburg's intratracheal tampon, but thinks that Köcher's intrapharyngeal tamponade a good antiseptic and a precious hemostatic measure. In operations on the base of the tongue when the attachments are to be extirpated it is indicated. Preliminary ligature of the external carotid and both lingual arteries may be done in lingual operations.—*Revista de Ciencias Médicas de Barcelona*.

A NEW TREATMENT OF HYDROCELE.—Neumann reports a new method of treating hydrocele which he has employed with success in six cases. After careful disinfection of the hydrocele a trocar is introduced into the sac. While the fluid is escaping, after withdrawal of the stilet, the canula is pushed still higher up and a slightly compressing dressing of cotton is applied. This is permitted to remain in place for two days. In all of his cases adhesion of the two serous layers took place without inflammation or suppuration. The time of treatment lasted from seven to nine days. After removal of the canula treatment may be limited to local application of some such mixture as lead water to the still somewhat swollen and reddened scrotal skin. The advantages of this method are its simplicity, the short period of healing, as contrasted with treatment by injection, the absence of pain, and the greater security against consecutive inflammation. Adhesion of the two layers of the sac is probably due to the alterations in pressure and efflux of the fluid, the local influence of the canula, which provoke an emigration of leucocytes, which, on disintegrating, give rise to a fibrigenous ferment which coagulates the effused serum. Hence, with rigid antisepsis, adhesion is possible without inflammation.—*Wiener Medizinische Presse*.

DISLOCATION OF THE TIBIA. RUPTURE OF THE POPLITEAL ARTERY AND CONSEQUENT GANGRENE.—Prof. Poncet, of Lyons, France, was called to an old man who had been kicked by a mule and whose tibia was dislocated backwards. Reduction was attempted but was found impossible. The limb swelled, became gangrenous so that amputation was rendered necessary. The dislocation was incomplete, the external condyle being only displaced and the corresponding tibial articulating surface scraped off. The gangrene was due to laceration of the popliteal artery without either hemorrhage or aneurism.—*Le Mercredi Médical*.

CANCER OF THE BREAST WITH METASTASIS TO THE FEMUR AND DURA MATER.—Dr. Dupasquier reported to the Anatomical Society of Paris the case of a woman affected with cancer of the mammary gland, and in whom there appeared several months before a spontaneous fracture of the upper portion of the thigh which refused to heal. For three weeks she had suffered from attacks of Jacksonian epilepsy. At the necropsy, not only was the cancer of the breast confirmed, but the two fragments of the bone were also found invaded by the neoplasm and surrounded by a fibrous capsule. Besides, the cancer had generalized itself over the internal surface of the dura mater. One of these nodules had produced a deep impression upon one of the convolutions. The cancerous nodules may also be disseminated through the cranial bones in the diploe.—*Le Mercredi Médical*.

CHRONIC MAMMITIS AND CARCINOMA OF THE BREAST.—Dr. Ravanier amputated the breast of a woman who presented, at the age of sixty, the functional and general symptoms of mammary carcinoma. The tumor was round in form with palpable nodules, the nipple was retracted but there were no deep adhesions. On section it was found to be filled with fusiform pockets containing a puriform fluid, which was discovered to be milk rich in fatty substances. The pericanalicular connective tissue was carcinomatous.—*Le Mercredi Médical*.

TUBERCULOUS STRICTURE OF THE INTESTINE.—Voeltz (Copenhagen) reports the case of a woman, of 38 years, who had of late years suffered from violent pains in the abdomen, with vomiting. The attacks would come on suddenly, her abdomen become distended, and if one could only succeed in inducing her to pass flatus the attack would cease. Adhesions in the small pelvis were found which might compress a loop of intestine and a laparotomy was done. The tuberculous strictures of the small intestine were found in the ileum. They were extirpated and the ends of the gut united. Recovery. The excised parts were found to be thickened, especially the submucous layer. He regards them as not rare. Diagnostically, in such cases one will find peculiar cartilaginous indurations of the peritoneum in Douglas' fossa. They may increase to exudates and be confounded with adherent and deeply situated ovaries.—*Nordiskt Mediciniskt Arkiv*, 1893.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D.

SYMPHYSEOTOMY.—Varnier sums up the present status of symphyseotomy by tabulating 124 cases as follows:

Mothers, 112 recovered; 12 died.

Children, 92 lived; 32 died.

Of the mothers eight died from causes clearly disconnected with the operation. Of the remaining four, one died of septicæmia; one of sphacelus of the vulva and vagina; one of cellulitis and peritonitis, due to the use of a saw and to forcible introduction of the hand and arm in order to obtain version; one of hæmorrhage and shock of operation and of laceration of the perinæum, vulva and bladder.

In regard to the infant mortality five cases should be eliminated where the operation had been done in place of embryotomy; 97 cases of living children remain. Of the 27 remaining deaths, seven were due to causes not results of operation; 11 to mishaps with forceps, or in version; seven in succession to incomplete section; one to prolonged extraction due to distortion of the right arm; one to cerebral lesion due to prolonged pressure on the head.

Conclusions.—1. The operation, properly performed, does not entail immediate or consecutive disorders of the sacro-iliac synchondroses.

2. In pelves not extremely contracted, the enlargement resulting from the operation is sufficient for a living child at term to pass through.

3. The finding and cutting of the symphysis presents no great difficulties; only three cases out of 125 are reported where the operation has failed in this.

4. No especially dangerous venous hæmorrhages are apt to be encountered.

5. The anterior rents of soft parts may be avoided if the accoucheur remembers that after section the inferior strait is oval transversely and not of the normal shape.—*Annales de Gynecologie et Obstetrique*, 1893, t. xxxiv.

NEW OPERATION FOR ACQUIRED RETROVERSION AND RETROFLEXION.—(Wm. R. Pryor, M.D., New York).—The patient is placed in the Trendelenburg position, a median incision is made and carried well down to the symphysis. Any indicated operation having been completed, it but remains to fasten the uterus up. A portion of the anterior surface of the uterus, from the bladder junction to the tubal openings, should be scarified in the middle for a width of one-half inch, and a similar strip on the peritoneal surface of the bladder should be scarified. The scarification should not be deep enough to cause bleeding. Three or four catgut sutures should be introduced on a curved needle, first under the bladder peritonæum and then under the uterine serosa. They should be tied on one side beginning with the lowest, and the ends cut.

The bladder should be kept fairly empty for two days by having the urine drawn every four hours. This operation does not fasten the uterus in an abnormal position, but simply obliterates the utero-vesical pouch, and the uterus is held in an exaggerated normal position.—*Journal of Gyn. and Obs.*, vol. iii, No. 7.

CYSTITIS IN WOMEN (*American Journal of Gynecology*, August, 1893).—*Brandenburg Treatment.*—In the way of prophylaxis, the first great requisite is a thoroughly aseptic catheter. The example set by Küstner at the lying-in hospital at Jena is worthy of imitation by all. He uses a catheter made of common glass tubing, open and carefully smoothed at both ends; annealed and slightly curved at the proximal end for entrance into the urethra, and more strongly curved at the distal end, so as to easily receive the urine in any appropriate vessel. Since the introduction of the above simple invention, the occurrence of a case of septic cystitis at Jena has become a *rara avis*. Each patient has her own catheter, and after use can be easily and thoroughly cleansed.

Irrigation of the vesical cavity is necessary when the cystitis does not improve under medical treatment, when it is chronic or when it is due to the introduction of septic material into the bladder.

In mild cases, several irrigations weekly are sufficient; but in severe cases it may be necessary to irrigate every few hours. In the milder, using solutions of boracic acid, or weak solution of silver nitrate, the latter always followed by a solu-

tion of sodium chloride, to neutralize the action of the caustic; in the more severe cases using a stronger solution of the silver nitrate.

In acute cystitis a restriction of diet is necessary, but in chronic cases the most generous diet possible should be given to build up the constitution and strengthen the patient; giving her an abundance of fresh air with moderate exercise.

THE CONDUCTION OF LABOR BY THE EXTERNAL EXAMINATION ALONE.—Prof. Leopold advocates the diagnosis of the position of the child by abdominal palpation, and recommends its use in conducting normal labors without an internal examination. It is well known that antiseptics has not fully met the expectations of its supporters. The examining finger may be washed ever so carefully, and yet in an external examination carry virulent streptococci already present in the vagina up into some fresh wound, even though it be very slight, and septic infection will be the result. The diagnosis of the position of the child is more accurate at an early stage of labor by external than by an internal examination, and if the examiner finds by external palpation that the head is so low in the pelvis as scarcely to be felt on external examination and the pains are good, labor will be terminated soon and nothing is gained by an internal examination. The avoidance of the internal in preference to the external examination is urged by many leaders in obstetrical opinion and is advocated by Olshausen and Veit in a recent edition of Schröder's *Geburtschülfe*.

The method employed at the Dresden clinic resolves itself into four movements, which are to be employed only in the intervals between the pains. The examiner sits at the side of the patient and faces her for the first three, while she lies horizontally with abdomen bare or only covered by a sheet.

In the *first movement* both hands, with their outstretched finger tips towards each other, are placed across the fundus uteri with the palmar surfaces in contact with the skin. The examiner gently glides over the pregnant uterus from above downwards and keeps the hands opposite each other, and ascertains the position of the fundus uteri in relation to the umbilicus and ensiform cartilage. With this same movement the examiner ascertains whether the child is in a perpendicular or transverse position, whether the head or breech is in the fundus, how large the child is, and the probable period of pregnancy.

In the *second movement* the palmar surfaces of both outstretched glide from the epigastrium down over and flat on the sides of the uterus. The small parts (knees or feet) are felt under one hand and the large long roll, the child's back, felt beneath the other hand. The back is more easily distinguished in this movement by placing one hand flat on the median line and gently compressing the uterus posteriorly. This presses the liquor amnii to one side and the child's back to the other and nearer to the abdominal wall, when it can be felt very easily by the other hand.

In the *third movement* the thumb and fingers of one hand close over the symphysis pubis, are separated and seize the presenting part from each side in the pelvic brim. If the part be hard and round, it can be only the head which is seized like a hard ball and can be moved about if it has not entered the brim. The breech is much softer and more uneven. If with a living child, the presenting part feels particularly concealed, indistinct and somewhat softer than usual. There is reason to suspect that the placenta is situated in the lower uterine segment. If no presenting part can be felt, the head must be sought in one side of the uterus. The examiner will almost invariably succeed in finding it by pushing the finger of one hand in the uterus with gentle and short thrusts, which cause the head to make short springing motions. This movement is of great value where the presenting part, head or breech, is in or above the pelvic brim. If labor has progressed so that it is in the middle or outlet of the pelvis, then the following movement is to be employed.

In the *fourth movement* the examiner turns his back to the patient's face, and with outstretched hands along the sides of the uterus gently presses the tips of the fingers down into the pelvis, where the head will be felt as a hard round body embedded in the true pelvis with the projecting forehead at one side in contradistinction to the flatter neck opposite. The chin lies so close to the breast it cannot be felt, and the forehead is often mistaken for it, though, if extended, the sharp point of the chin should never be confounded with the broad forehead. In face presentation the occiput is very markedly protuberant at one side of the pelvis, while the examining fingers can press deeper in the pelvis on the opposite side without feeling a prominence like the forehead.—*Archiv für Gynäkologie*, H. 2, Bd. xlv., 1893.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,
FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

ANACARDIUM ORIENTALE.—Dr. E. S. Breyfogle reports an incidental proving of this drug; among the symptoms produced were: A sudden sense of complete prostration, the legs suddenly becoming so weak that he had to hold to something for support. There was a vesicular eruption on the mucous membrane of the mouth, on the wrists and ankles, with itching and burning, worse from scratching. This eruption was especially bad about the arms. There was a sensation as if there was a particle of food in the œsophagus, and he had to swallow constantly. The first dilution was given and produced these symptoms.—*Pacific Coast Journal of Homœopathy*, Nov., 1893.

PLATINA AND AURUM IN NEURASTHENIA.—These two remedies are very important in this disease, and must be carefully distinguished. *Aurum* has doubt and anguish, with suicidal inclination; there is no joy to be had out of the pleasures of life, but a constant longing for death. *Platina* has increased self importance, inclined to be sorrowful and to weep, but without despair; the great difference from *aurum* is the fact that death horrifies the patients, and they cannot bring themselves to do anything.—*Medical Century*, Jan., 1894.

STRONTIUM CARB.—Dr. S. A. Jones, in a paper read before the Saginaw Valley Homœopathic Society, reported a most interesting case of eye trouble. The guiding symptoms were: "On attempting to read the letters begin to dance; continuing to look at them, they turn to blue color, and the blue is bordered with red. There is marked aggravation from cold, and relief from warmth; the pains appear slowly and disappear slowly; there is great aggravation from looking intently, and the patient is decidedly psoric." The requirements of localities, sensations, conditions of aggravation and of amelioration, and concomitants were taken into consideration in making the prescription. *Belladonna*, *stramonium*, *strontium* and *sulphur* have flickering vision, and the blue and red chromopsia, but only *stramonium* and *strontium* have the red bordered chromopsia. *Stramonium* is worse from warmth and better from cold and light, and there is relief from looking intently, all of which excluded this drug. Only *sulphur* and *strontium* are antipsorics, so the choice was narrowed down to *strontium*, which was found to correspond also to the other symptoms present, and the case was speedily cured.—*Minn. Hom. Magazine*.

TREATMENT OF NEURASTHENIA.—Dr. P. Jousset, of Paris, states the principal remedies to be *nux vom.*, *calcareæ carbonica*, *aurum*, *conium mac.*, *arana tarentula*, *stannum* and *staphisagria*, *platinum*, *puls.*, *bell*, *ignat.*, *mercur.* and *arsenic.* are also also indicated, in particular cases.

Nux vomica.—Employed in both schools on account of its especial action, in the accompanying gastro-intestinal disturbances. It is indicated by sadness, apathy, intellectual incapacity, which mark neurasthenia. There may be anxiety, anguish, with disgust of life even to suicide. The paresis and incapacity of working may go to the extreme in omission of syllables and entire words, in writing. This depression may alternate with violence and furiousness. Insomnia is one of the habitual symptoms of this remedy and at the beginning or during sleep, the patient experiences starts, jerks and night-mares as in hypochondria. There are various forms of vertigo, headache, either tearing or compressive, which extends over the whole head or are limited to one spot. There is associated flatulent dyspepsia, with

tympanites and gurgling sounds in the stomach and bowels. In the respiratory tract there are noticed: dyspnea, cardiac pains, a small pulse, which is accelerated and irregular. In the extremities there are weakness and loss of equilibrium.

From the sixth to the twelfth twice a day, before dinner and on retiring. Prescribe the drug eight days and then discontinue it for four days. It should be continued for weeks. Those who have prescribed the tincture, in doses of several drops, have been obliged to discontinue it on account of aggravation of the stomach pains.

Calcareæ carbonica is as often indicated as *nux vom.*, and as fully covers the entirety of the symptoms as this drug, but there is still a difference. The mental condition is nearly the same, the headache is stupefying, with a sense of fulness, stupidity and roaring in the head. It seems as if the brain were compressed by a cap of lead; the *galeoti* of Charcot. The pain is increased by mental effort so that the latter is rendered impossible. It is also accompanied by a sensation of icy coldness in the head. Dyspepsia, vomiting of sour watery liquid, gurgling sounds in the digestive tract and tympanites, with violent and sudden pains, complete the indications. Agoraphobia or fear of places is also a symptom of *calcareæ*. In the pathogenesis one finds vertigo on ascending to elevated places and fear of space. Clinical experience has several times confirmed this.

The higher dilutions, from the twelfth to the thirtieth, are indicated here. Administer the same as *nux* except that let one dose be taken in the morning and the other in the evening.

Aurum.—Employed traditionally, in hypochondria. Its characteristics are a predominance of anxious impulses; fear of everything, lamentations, despair, cries and howling, impulsion to suicide. These symptoms are associated with hesitation, trembling and cardiac anxiety. The headache like that of *calcareæ* is conclusive, stupefying, increased by intellectual labor and disappearing on walking. Insomnia without after effects; no fatigue.

He employs the thirtieth attenuation, though there is no contra-indication to the lower preparations. It does not aggravate like *nux*.

Conium maculatum.—The pathogenesis, like the preceeding remedies, contains neurasthenic symptoms; sadness with fear of death and thieves, misanthropy, indifference, the time passes too slowly, ennui. A dull headache, the head feels dull and heavy; confusion of the senses with dulness, loss of memory, flatulent dyspepsia, and symptoms of paralysis of the lower extremities. The cardinal symptom however, is the striking weakness and emaciation of the neurasthenic. Exhaustion, sensibility to cold, and tendency to syncope. Clinical experience has demonstrated that those patients who are neurasthenic in consequence of either continence or venereal excesses respond well to *conium*.

The third and the twelfth dilution as in the preceeding drugs.

Tarentula.—It is indicated in hysteria as well as in neurasthenia. It seems principally of value where the case or the neurosis presents symptoms of impressionability or excessive mobility, such as is observed in hysteria. Involuntary crying and laughing, exaggeration of all the sensations, and the sentiments, loquacity, trembling, hypochondriac humor with fear of death, false angina pectoris. (See abstract in HAHNEMANNIAN MONTHLY, 1893, on Pseudo-angina Pectoris of Neurasthenic Origin).—EDS.

In some cases the higher dilutions, the twelfth or the thirtieth, and in others the very lowest are necessary.

Stannum.—Highly recommended by Hartmann. The hypochondriac sadness is accompanied by anxiety and discouragement; it may alternate with expansive gaiety. Contrary to *calcareæ*, *stannum* produces a headache associated with excessive heat of the head with a coldness of the rest of the body. Persistent vomiting with or without an intense gastralgia is a particular symptom. The sixth dilution.

Staphisagria.—Especially recommended by Richard Hughes. Profound indifference is the characteristic of the mental complications of *staphisagria*. It contains the symptoms of neurasthenia but it is specialized by its indication in spermatorrhœa and neurasthenia. Dosage as in *stannum*.

Hygienic treatment is also of great importance. Travel, hydrotherapeutics, electricity—the static variety—increasing strength quite considerably (Vigouroux claims that it is the best vitalizer).—EDS.)

Diet is of especial attention chiefly where there is dyspepsia. Isolation is recommended in obinate cases; removal from the family and subjection, in an appropriate institution, to discipline and treatment.—*L'Art Médical*, No. 2, 1894.

SOME HINTS ON THE TREATMENT OF THE GRIPPE.—At the last session of the

Central Association of Belgian Homœopaths, Dr. Griquelion called attention to the frequency of grippe of the abdominal form. (See abstract in THE HAHNEMANNIAN MONTHLY, 1893, on this form of the disease, by Prof. Lemoine, of Lille, France.—EDS.) He has observed *veratrum album* indicated here. Dr. Schepens has found that abdominal laryngeal and pharyngeal form prevalent. *Kali bichromicum* has been of service with him. (In northern Ohio chiefly the thoracic and tonsillar forms prevail where *kali bichr.*, *bryonia* and *mercurius* were indicated.) In the depression and aching of the limbs, Dr. Gandy recommended *arnica*, and Dr. Criquelion *eupatorium*. Dr. Gaudy reported a case where there was an accompanying obstinate cough with filamentous expectoration. *Kali bichr.* gave almost instant relief. He also mentioned the case of an old colonel, who suffered from a bronchitis with all the characteristics of bronchorrhœa of the aged and who was in a semi-asphytic state, with a tendency to weakness; numerous râles and almost no expectoration. Two and a half grammes of the first decimal trituration of quinine, every half hour, strengthened the pulse and calmed the violent attacks of suffocation. Since six years he has treated twenty cases of this form of bronchitis. One of his patients had it three times, each time with coldness of the skin and depression of the pulse. He gave quinine as a heart stimulant. Dr. Huyvenaer cited a similar case where after tartar emetic, arsenic, etc., had failed the patient was saved with quinine. Dr. Mersch thinks quinine to have here a true homœopathic action, for if one will develop the secondary action of a drug one must employ large doses while the primary influence is brought forth by elevated or middle dilutions—Hale's law.—*Revue Homœopathe Belge*, January, 1894.

CAUSTICUM IN PARALYSIS OF THE OCULO-MOTOR NERVE.—Dr. Ch. Van Royers, of Utrecht, Holland, while suffering from an attack of gastric catarrh was gradually seized with ptosis of the left eyelid, great vertigo on attempting to use both eyes. A violent ciliary neuralgia set in which yielded for a time to *cimicifuga*. *Spigelia* and *argentum nitricum* later controlled it. A month later he was affected with a slight bronchial catarrh when he remarked that the cough was better on drinking cold water. This led him to take *causticum*, 8x, a drop morning and evening. In eight days he could open the eye one-third, with difficulty. The eye-ball had also become somewhat movable. The improvement continued and in a month and a half the ptosis had entirely disappeared leaving only a slight squint and some double vision. In eight days after that his eye was normal. He thinks the favorable result entirely due to *causticum*, for the improvement set in immediately after beginning with it. When he reported the case, two months after, his eyes were still normal.—*Allgemeine Homœopathische Zeitung*, Nos. 5 and 6, 1894.

KALI HYDROID. IN PHTHISIS.—Phthisis pituitosa, with purulent sputum, exhausting night sweats and loose stools; stitches through sternum to back, or deep in the chest; suffocative cough, dry at first, later with copious green sputum; laryngeal obstruction, sunken epigastrium, emaciation and loss of appetite.—Dr. Zoppi, *Sixty Years' Experience in the Healing Art*.

CANNABIS SATIVA IN PHTHISIS.—Tough mucus in trachea in morning, cannot be dislodged by coughing and hawking, and this makes the trachea feel raw and sore, finally the mucus loosens of itself and must be hawked up frequently. Cough, with green, viscid expectoration, oppression of breathing, with chest soreness, mucous râles, great agitation, hacking cough, from pit of throat; a cool, salty fluid deep in the throat posteriorly.—*Ibid.*

PASSIFLORA IN FEMORAL SPASM.—A lad of thirteen years jumped from a height and says that he heard something snap in his groin. On the next day, sixteen hours after, he was found in a tetanic spasm, leg flexed on thigh and thigh on abdomen so closely that the knee was drawn nearly to the chin. In varying spaces of time the spasm would cease and he would be able to nearly straighten the limb. But the spasms were becoming more frequent and lasting longer, and the pain was becoming more and more intense. At the beginning of one of the spasms, a half drachm of *passiflora* was given with the effect of immediately lessening the severity of the spasm. The remedy was continued every half hour to hour as required, and the spasms became shorter, milder and further apart, and the pain was much relieved. After a day or two, only a soreness remained, but the patient did not get up for a week or ten days, for fear of a return of the pain. He received no other medicine than the *passiflora*.—*Medical Century*, February 15, 1894.

THE HAHNEMANNIAN MONTHLY.

MAY, 1894.

PREVENTIVE MEDICINE.

BY DE WITT G. WILCOX, M.D., BUFFALO, N. Y.

(Visiting Surgeon Erie County Hospital, Buffalo, N. Y.; Surgeon-in-Charge Wilcox Private Hospital.)

IN this day and generation the physician must be something more than a healer of wounds; something more than a stalwart figure at the bedside inspiring hope by his presence, and rekindling the flagging energies by his words of encouragement and his determined actions; something more than the admonisher to his clientele regarding transgression of the laws of health. He must have written upon his breast-plate in glowing letters the motto, "The annihilation of disease from the face of the earth." Startling as it may seem in contemplation, I shall endeavor to consider the question whether it is essential that disease should exist. No one can dispute that disease only found its way amongst us by our ignorance. Much interesting discussion has at various times been carried on as to whether the savage tribes were afflicted to any extent with the same diseases to which civilized man is subject. No doubt disease did exist amongst them, but it was not as prevalent as among the civilized tribes. One reason may be that as the sick received no care and were frequently killed, they neither remained to grow to adult life, burdening the tribe, becoming a source of infection to others, or to propagate their kind with the same elements or tenden-

cies to disease. It is safe to assume that in the early period of man's existence disease did not appear. As we follow the Mosaic record down closely, chapter after chapter, we gradually find mention of disease corresponding with the mention of man's perverseness, intemperance and immorality. For the sake of a systematic consideration of this subject of preventing sickness and disease, I have divided the causes into heredity, infection and contagion, climatic influences and traumatism. I have placed heredity first because in an indirect way more can be attributed to this as the cause of disease than to any other one factor. "The iniquities of the fathers shall be visited upon the children unto the third and fourth generations," might well be chosen as the text for this chapter. Great as is the factor in the spread and continuation of sickness, I am more and more impressed with its mighty influence each year that I practice, and I feel that I am not over-estimating the truth in stating that in the search for the origin of a chronic affection of which a patient may complain, that after I have eliminated traumatism and climatic affections I expect to find the origin in an hereditary tendency. In a paper which I read before the Society of Natural Sciences in Buffalo, on the topic of heredity and crime, I had occasion to look up the subject quite minutely. From the sources to which I had access I could not but be convinced that so important a part does heredity play, that not alone are tendencies to *disease* transmitted, but also tendencies to *good* and *evil* actions. As these tendencies shape themselves into actions of good or evil, according to the disposition and environment of an individual who inherits them, so may disease shape itself according to the occupation, the climate and the habits of the individual. As no one can question that diseased tendencies are transmitted, we might next consider what tendencies are most likely to be transmitted. Here I could mention tuberculosis, syphilis, psora, insanity, scrofula and a host of minor ones. In speaking of tuberculosis I should like to quote from an article written by Dr. T. Mitchell Pruden in the *New York Medical Journal*, upon the element of contagion in tuberculosis. He says: "The two great achievements in medicine which especially mark the decade now closing are the gaining in precision in our knowledge of the cause of infectious diseases and directly based upon this, the discovery that in a degree scarcely dreamed of before, these diseases are preventable. The medical world was all ready for Koch's announcement when it came early in 1882, that tuberculosis was caused by a living germ, whose life-history he then

made known. It is a small rod-like germ, very persistent in the maintenance of its form and life, but so sensitive in its growth and reproduction that it has no breeding places in Nature outside of the bodies of those men and animals in which it has lighted up disease. Finding lodgment in this congenial soil, it may grow, stimulating and poisoning as it does the tissues where it lies so that sooner or later the tendency is for the new tissue which is formed and the old, which is robbed of life, to disintegrate and if favorably situated be by degrees cast off from the body, together with more or less of the virulent germ. The places outside of the bodies of living beings in which the bacillus of tuberculosis is to be specially found under ordinary conditions with us are in the flesh and milk and discharges of tubercular cattle, and in the excretions of tubercular persons, especially of those who are the victims of tuberculosis of the lungs. But by far and beyond the most common and abundant lurking place of this germ is the sputum in pulmonary tuberculosis. It is to be distinctly understood that the breath of consumptives, apart from solid particles which may now and then be cast off in coughing, conveys no germ."

Further on he says: "That there are many contributory factors in the acquirement of this disease—vulnerabilities of the individual, both hereditary and acquired, predisposing vicissitudes of environment—one cannot, it seems to me deny, nor should he measure lightly. But the one thing without which tuberculosis cannot come to man or beast, is the living tubercle bacillus. All the vulnerabilities and predispositions and favoring vicissitudes which we either know or can conceive of, cannot, without this particular germ, light up this particular disease. It is not a vapor in the air, it is not a mysterious miasm, it is not an inscrutable enzym, which does this thing, but a definite physical body which we can see and measure without lenses, which we can cultivate and handle and kill."

Be this research true, or overestimated in its conclusions, certain it is, that we, as physicians, should do all in our power to eliminate every possible factor in the transmission and propagation of this most deadly disease, tuberculosis, and, until it is established beyond a doubt that it is due to a bacillus which is transmissible from one individual to another, we should see that such safeguards are placed about the victim of this disease that will render, as nearly impossible as can be, the infection of heretofore healthy individuals. This same author, whom I have just quoted, speaking upon this subject for the cure of tuberculosis, says: "How contagious tuberculosis actually

is, under the conditions which prevail to-day, it is not within the scope of my theme to consider now, but I do not see why it should not continue just as ominous, or become even more so, if the present insanitary habits continue in public and private places. If the vile and increasing practice of well-nigh indiscriminate spitting goes on unchecked in nearly all assembling-places and public conveyances; if the misguided women who trail their skirts through the unspeakable and infectious filth of the street are to be admitted uncleansed into houses and churches and theatres; if theatres, and court-rooms, and school-houses, and cars, are to remain the filthy lurking places of contagion which their ill-ventilation and their mostly ignorant and careless so-called cleansing, necessarily entail; if, in sleeping-cars and hotel bed-rooms, the well are to follow consumptives in their occupancy, without warning, or even the poor show of official disinfection; if in ill-ventilated and ill-cared for dwellings the well must breathe again and again the dust-borne seeds of tuberculosis; if no persistent warning is to be given to the ignorant of the dangers which lurk in uncleanness—then our task will be most complex as well as difficult in limiting the contagiousness of tuberculosis.”

As to the possibility of bringing forth a future generation of healthy beings, we need only state the methods and observe the results of stock-breeders. If they wish to eliminate a peculiarity or disease of stock, the problem is of simple solution. Such animals are not allowed to propagate. Only the best and most perfect are used as progenitors. Our expert breeders of stock have taught us much on the subject of heredity. In the breeding of trotting horses, so certain is it that a sire or dam of great speed will produce an animal of record-breaking quality, that a breeder who is well versed in pedigrees will purchase a horse which he has never seen simply by being assured of the pedigree of his sire and dam. In fact, a pedigree among stock-breeders is the Hamlet in the play. The finest appearing horse, sleek-limbed, graceful, and of the most gentle disposition, will attract but little attention from the expert if he be a dunghill in origin. The same is true at a bench-show. But, so surely does grace, perfection of limb, and good manners, go with good breeding, that they are scarcely separable. How rarely do we see a large family, even though the father and mother be of the most perfect physical and intellectual attainments, where *all* of the children are found equally perfect in mind and body. There is likely to be a taint, that will show itself somewhere, which holds up the mirror of disease, reflecting upon the ancestors. Obviously, then,

the only way possible to bring forth perfect human beings, is to have healthy parents. And obviously, the only way to bring this about, is to prevent the sickly and diseased from marrying. But here we get into a difficulty as great as that encountered at the other end—of curing disease after it has developed. Dr. Fiske, of New York, as president of our State society, read an able paper on the question of "Law and Marriage." While I think we are not yet ready to legislate on the question of marriage, we are ready to guide public opinion upon the necessity of sound health in parentage. If it is constantly kept before the people (and the physicians are the ones who must do it) that a young woman, however talented, without good health, or with, at least, a chronic ailment that is likely to be transmitted to her offspring, is not fit to become a wife and mother; also, that a young man, however successful in his business career, is not a suitable person for a husband if he be consumptive, scrofulous, or syphilitic. When these sentiments become so strongly inculcated in the mind of the public, then we will begin to see inherited disease abate; but, just so long as consumptives, cancerous and scrofulous people bring forth people, just so long will these diseases appear and reappear.

A question more sentimental than scientific will at once present itself, viz: Must people so afflicted be deprived from the enjoyments of a home and children? It is but the same question we meet in other issues. Shall the whole world suffer that a few may be happy? Shall not the feelings of a few be sacrificed for the good of the many? However, there may be offered a better solution to the question.* Within a little while we shall see the workings of the epileptic colony which is now being thoughtfully considered. The plan of this colony, which, as you know has already been presented before the Board of Charities of this State by Dr. Frederick Peterson, is to have a certain district set apart where all persons suffering from epilepsy are congregated. To use Dr. Peterson's own words he says, "In this work we must lose sight of the word institution if possible. We must rather think of some small village; the least it is like an institution the better. It is to be a home, a community of people from whose lives are cut off all the ordinary social pleasures and pursuits by a malady that really robs them in most cases, but for a few moments each day or week or month, or several months, of their faculties."

Second.—"It is a school. These people denied education in

* Since this writing to State Board of Charities has reported adversely upon this proposition.—W.

public schools here receive such advantages as they require, and each and every member of the colony, without regard to age, should be given the opportunity, if desired, of acquiring knowledge. It is to be an industrial college. All useful trades and callings are to be conducted in this colony; hence, provision for shops of various kinds must be made. It is to be a hospital, that is, every patient will be treated for his disease, and there will be one building set aside for such as are feeble-minded, or insane, or confined to bed. Regarding commitment he says: 'All patients under age can be sent by their parents just as they would send children to boarding-schools, transferring their parental authority for the time being to the officers and teachers of the colony. All their patients are to be voluntary denizens of the colony, except such as through mental impairment of any kind require confinement in the infirmary. It is barely possible that the success of this colony may offer some suggestions, or indeed a solution in caring for consumptives. The establishment of a colony for tubercular patients in some suitable climate, where all patients should be obliged to live, could be rendered so attractive that residence there would become a matter of preferment rather than obligation. Such individuals as would be able to work could follow occupations which would not be prejudicial to their comfort and strength. But to make such an arrangement in any way efficacious, marriages would necessarily be confined to members of the colony. Therefore, if we are not ready to legislate upon the subject of marriage, it is obviously our duty to educate the people upon this subject, showing the necessity of the isolation of families already affected, and the evil consequences of marriage between diseased individuals. The next cause of disease which I wish to consider, and one which stands in close relation to the first, but which I wish to consider in a different light, is that of the infectious and contagious diseases. I shall not take your time in a recitation of the manner of preventing such acute diseases as small-pox, cholera, yellow fever, scarlet fever, etc., for the reason that the physicians and the public are so alert to the methods and necessity of averting these scourges, that I could add but little, if any, to the knowledge before made public. If we wish to ascertain if anything has been accomplished in controlling or stamping out epidemics, we need only to turn back a few pages in the history of disease, and see how the unabashed and uncontrolled monsters of infection stalked through the land, slaying their thousands. That dread disease, the plague, or black death, has disappeared entirely from the list of diseases. The last record of any case was fifteen

years ago, that being in China. But from the fourteenth to the seventeenth centuries it was the scourge of all Europe. During that period there was scarcely a year when it did not prevail, and with what terrible mortality on certain years can best be realized by a few figures. In the year 1466, 40,000 persons died in Paris of the plague. In 1563, 5000 died in London.

During the sixteenth century it was less marked. But in 1556, nearly one-half million people died in Europe within a period of five months. Going down to the great plague of London, in the year 1664, we find that out of a population of 450,000 there were during that awful year 60,000 deaths from the plague, or about one-seventh of the entire population. Doubtless the mortality would have been even greater had not the people fled from the city in such numbers that it was well nigh depopulated. To show you how much less severe the epidemics of to-day are, I need but mention the death-rate in India during the year 1883 when cholera prevailed there so extensively. I quote from the "Cholera Report" of that year, which is as follows: "The year 1883 was an unhealthy one, as there was not only a widespread epidemic of cholera, but much smallpox and yellow fever were in excess; locusts abounded. There were unusually heavy rains with the southwest monsoon in June, while the easterly rains in September and October were more abundant and prolonged than usual. There 420,000 deaths. This in a population of 13,000,000 people. This mortality is equal to about one-thirtieth of the population. Thus we see that in the latter-day epidemics, while everything was favorable for the spread of the disease, the mortality was only about one-thirtieth of the population, while in the great plague of 1664 it was one-seventh of the population. It may be a little early yet to boast how well we have shut off cholera from our land, but I am inclined to believe we shall not see that disease prevail here as an epidemic. That we shall have some scattering cases is quite to be expected, but this I do know, that if an epidemic is averted, it will be due to our more thorough understanding of the ailment, the intelligent co-operation of the people and the strong hand of the law backing the physicians' endeavors.* A man need not be an atheist or an infidel who says that disease and death are not dispensations of Providence but are penalties for the infringements of the laws of cleanliness, sobriety

* This address was read in April, 1893, when cholera was expected the following summer. Its prevention was without question due to causes above enumerated.

and morality. So, if we suffer from cholera in our land this summer, it will be due to our laxness in allowing it to enter our land and our filthiness in allowing the germs to propagate. Here, again, is the duty of the physician to educate the people concerning their danger and the necessity of cleanliness. The hand of science has welded a heavy chain to the feet of small-pox, so that she walks through the land with a faltering, unsteady gait and must as surely sink to the ground as has her sister, the plague. Diphtheria and typhoid fever are far more prevalent and deadly than should be if we but heeded the great requirement of cleanliness. Some one has said, perhaps thoughtlessly, but with some truth, that no man could be a good Christian without being personally clean, and that every man would be a Christian if he kept constantly clean. When Elisha commanded Naman to bathe thrice in the Jordan that he might be cleansed of his leprosy, perhaps it was to try his faith, or possibly it was to teach him the necessity and the luxury of bathing. Was it due entirely to the troubling of the waters by the angel at the pool of Siloam which affected the cure of the cripples, or was it the life- and health-giving properties of the pure waters themselves when used for bathing? I should venture to say that not fifty per cent. of our patients, even among the refined and educated, keep their bodies absolutely clean. As an argument in this I may remind you that only fifteen years ago the surgeon went into his operating room with an idea that he and his surroundings were clean, but we now know that he was absolutely filthy, germ-soaked and bacteria-laden by the side of the aseptic surgeon of today when he is about to begin to operate. So our patients' ideas of cleanliness are away back to that of the surgeon before the days of antiseptic surgery. We must teach them how to be clean. They should understand the principles of aseptic and antiseptic living. They should be taught how to keep their homes clean. More vigorous rules should be enforced regarding the preparation and cooking of food. To the ignorant especially this education is preeminently important. If instruction and coaxing will not make them bathe, then they must be forced to. They simply become disease breeders, carrying germs of contagion wherever they go, infecting individuals, homes and neighborhoods. Do not our nostrils become daily scandalized by being obliged to scent these sweat-reeking non-bathers. I believe in churches, Sunday-schools and missions, but I believe equally strong in a fore-runner, or, if you so please, a side-runner to these places, which should be the bathing-

houses. Let the missionary spirit of to-day, which is so widespread and energetic, give more attention to the personal condition and manner of living of the individuals among whom they work, and their results will be far more gratifying. Without any irreverence, I believe that could these people from the slums have a bath before attending divine worship that ninety per cent. of them would be converted. How can the soul of a man be reached whose person is filthy?

(To be continued.)

RECOLLECTIONS OF AN ACCOUCHEUR.

BY GEORGE B. PECK M.D., PROVIDENCE R. I.

PART I.

NOTE, that this paper is *not* termed the recollections of an obstetrician. The reason will be startlingly evident long before its conclusion. Furthermore, bear in mind, that when I received my medical diploma I had no more thought of practicing that art than I have to-day of practicing theology; that I never studied homœopathic materia medica in any college; that four years' intervened between graduation and the commencement of practice, and that during those years my attention was devoted exclusively to the natural sciences. Hence, on opening my office, having forgotten all the niceties of the art, I was but little better prepared for the duties I had assumed than many quacks. Under such conditions occurred the events now rehearsed for your criticism. My chief regret is that I did not accept invitations urgently extended to record these five years ago. Then I could have given the minute details of each case. I now find that to be impossible.

However treacherous the memory may prove, staggering under the burdens of nearly a score of years of restless activity, one event, unique alike to all, can never be forgotten—that first obstetric case! Sufficiently trying must it be to the student who perchance may have assisted at other similar ceremonies and has an instructor to depend upon in emergencies, but for a full-fledged M.D., who is supposed to know all that can be known, and yet has never seen such a case, nor even a gynæcological one, nor made nor seen a vaginal examination; in fact, who is as innocent—verdant, if you please—as it is possible

for a person to be legitimately holding a medical diploma; for such an one, I say, to be ushered into a lying-in chamber adorned with a half dozen ancient wall-flowers, to find a woman lying placidly on the bed, and in place of the familiar objects the books tell us an examination will reveal, discover a yawning chasm that Vesuvius' crater is a dimple beside, neither the wild rush of a bayonet-charge, nor the ghostly horrors of a nocturnal picket-line momentarily expecting attack in force, is a tithe so terrorizing. Ask me not to rehearse the awful experiences (mental, entirely), of that memorable morning, June 21, 1875. You can find a meagre sketch of external occurrences in the *HAHNEMANNIAN MONTHLY* for September, 1883. Not less vivid but more thrilling are the memories of my seventh case, one of central placenta prævia. Upon the first hæmorrhage I diagnosed the complication and engaged counsel but did *not* tampon. At the second, which occurred nearly a week later, I promptly plugged the parturient canal and sent for my adviser. He came, confirmed my diagnosis, and departed in search of additional assistance. Delivery was effected, after the administration of ether, by driving the hand, with fingers arranged cone-shape, between the cotyledons of the placenta, thrusting it quickly up until the forearm tamponed the passage, turning and bringing down quickly the body until the thighs effectually tamponed again everything, when the natural pains, aided by expression, quickly introduced to anxious friends a living boy. My assistants retired, after a suitable interval, rejoicing that mother and child alike were doing well. In less than two hours, and before I left the house, the former expired, with but slight premonition, from the formation of a heart clot. My sole consolation is that the accident could neither have been foreseen nor prevented.

Twice has it been my misfortune completely to lacerate the perinæum. The first victim was a lady twenty-six years of age, of slight build, delicate organization, and refined nature. For reasons satisfactory to herself, she had dosed with abortifacients during the first seven months of pregnancy until her stomach refused to retain any food and her strength had been well nigh destroyed. At this juncture she applied to a member of this city, since deceased, to effect miscarriage mechanically. The doctor made an examination, and replied, that he would not undertake it for less than two hundred dollars, and it would be a fearful risk at that! As this sum of money was not available, I was summoned to attend her at first for gastritis, and afterwards to conduct her through parturition. When

first informed of the conversation with the doctor I was naturally alarmed for her future safety, and demanded an examination. This revealed to me simply a pin-hole os but no abnormality of the parturient canal. When labor commenced, she was so weak that I feared to administer ether; besides, I dreaded the supervention of bilious vomiting, so-called. After a time her pains became so feeble that instrumental aid seemed necessary. While making traction, with but comparatively slight force, and carefully regarding alike the pains, the course of the canal, and the delicate condition of my patient, suddenly, and to my utter horror, complete laceration occurred. The patient experienced no pain; merely a sense of sudden relaxation, but the expression of my countenance told her something was wrong. She was promptly delivered, and Dr. Charles L. Green summoned to repair the injury, which was satisfactorily accomplished under ether, the rectum being perfectly restored and a fair perinæum secured. To this day, however, she has suffered to a certain extent from the effects of that accident. Whether the result would have been different had she been under the influence of an anæsthetic I am by no means sure, and yet, as she was obliged ultimately to resort to ether, I have always regretted I did not administer it in the first place.

Some two years later I was called to see a young Irish woman in excellent health and of robust strength. Labor did not progress satisfactorily (my rule is to apply the forceps one half hour after the cessation of advance on the part of the child) and hence I applied my forceps. But a moderate amount of force was exerted, when, most unexpectedly, complete laceration ensued. Dr. Green's services were again called into requisition, and repair was accomplished with his wonted skill. Unfortunately, it chanced to be the season of our first epidemic of winter cholera, so called, and an attack of that disorder supervened forth-eight hours later. She became, of course, a ready victim of septicæmia. The child was a boy, weighing eight and one-half pounds. Subsequently, I was told the mother of this woman had given birth to eleven children, six of one sex and five of the other. Each girl was born naturally and lived; each boy came crosswise, was still-born, and most of them were removed by piecemeal. Had I known that fact at the time of the confinement, I should have exerted extraordinary caution and possibly brought the handles of my blades together.

On the second street south of the Rhode Island Hospital stands a six-story tenement house, which, in the summer of 1886, contained

four women awaiting confinement. Two of these had engaged my services, Mrs. H., whom I had previously attended December 2, 1882, and September 30, 1885, and her friend, Mrs. M., a primipara, both Swedes. The latter had appointed an earlier day than her neighbor, but, fortunately for me and her own peace of mind, Mrs. H. anticipated her, summoning me at 3 A.M., August 26th. Her third labor had been more severe than the second, although both were more tolerable than the first, which was superintended by another. On this occasion I deemed it advisable to administer ether four hours. My forceps slipped three times, an accident which has occurred elsewhere only as hereinafter indicated. The boy's head entered the world one hour before its body; of course, it was still-born. Between 11 and 12 o'clock I telephoned all desirable doctors for assistance, but found none at home. The birth was completed at 2.30 P.M. No cause can be assigned for the loss of the child, except its unusually magnificent physique and the increased rigidity of the maternal tissues. The mother made a satisfactory recovery.

On the morning of September 2d, I was summoned to attend Mrs. M. Labor proceeded normally until the middle of the afternoon, when instrumental assistance seemed advisable. I found my forceps, Elliott's, were again failing me, and about 7 o'clock telephoned Dr. Waldo H. Stone to come to my assistance. He reached there soon after 8, when I was again trying my forceps. He used them with as little success as myself and then substituted his own, Simpson's, with similar result. I also found that I could do nothing with them, so the child was turned. The body was delivered without difficulty, but neither style of forceps could extricate the head. Nothing remained but the destruction of the fetus. After perforating, I applied my cranioclast in three different directions, closing the blades each time. Warned by the exhausted condition of my patient, I ventured to apply my blades again, and fortunately delivered without difficulty. When Dr. Stone left me about half past 11, it was with the remark, "If you keep your patient alive until 7 o'clock, you will carry her through all right. Whether you can do that remains to be seen." I felt that if I could keep her alive until daylight she would recover. By dint of a generous use of brandy, hypodermically as well as orally, at half past 3 I was satisfied of her safety. She made a satisfactory recovery, disturbed only by one or two slight abscesses resulting from hypodermics. The third woman in that house decided that the reason these two ladies were unfortunate was because they had a homœopath. She would

employ an allopath. She did. She had three doctors in attendance and lost her child. The fourth woman said that the trouble with the other three was that they employed men doctors. She would have a woman. She was promptly, safely and pleasantly delivered of a living child.

Note, that if I did not habitually carry the instruments necessary for craniotomy in my obstetric bag, I would inevitably have lost Mrs. M——. That is sufficient recompense for their cost and heavy weight. Only once besides have I used them, and that was but a few weeks since, when my cranioclast was employed for purposes other than that for which it was intended. Both child and mother were lost in this instance by a singular combination of unfortunate circumstances. She was a primipara, forty years of age, with inferior pelvic deformity, I am told. Had the physician engaged for the case, and who subsequently, at a very late hour, assumed charge, been in town when first sent for, in my opinion the woman would have been living to-day. Had the necessity of aid and additional instruments revealed itself to the attending physician before the rest of us had started on our afternoon drives, it is possible she then might have been delivered safely. When attending cases of this class portending consultations, we should keep one eye on the clock, and at each office hour ask ourselves if we are sure we can get along without assistance until the next, and if at all doubtful summon aid at once. Parenthetically, I may remark the Simpson forcep is a *retrogressive* "improvement on the Elliott." An instrument with open shanks is useful more particularly when one with closed shanks cannot be obtained.

On the evening of May 28th of this same year, Dr. Stone called at my office and wanted to know if I would take charge of a case of labor for him in South Providence. "Certainly," I replied. He continued: "I will take you there to introduce you to the family, but first I must drive up here on a neighboring street and see another patient, who has been in labor forty-eight hours." When we reached this house, matters were at such a stage that it was impossible to leave the woman, so I remained in charge while he went to South Providence. A portion of the cord dropped below the presenting head as soon as the membrane ruptured, but it was replaced with reasonable promptitude. The child, however, was still-born, for the cord thrice encircled its neck, leaving so brief a remnant that the shoulders could have been extruded only after its breaking or uprootal. Moreover, it cut so tightly into the child's neck as to prevent respi-

ration should opportunity afford, and to cut off foetal circulation also. I therefore cut it to secure the safety of the mother, tying as quickly as possible afterwards. As the uterus was contracting, I observed in the region of its right cornu something which conveyed the sensation of a segment of orange peel laid upon its exterior surface. As it contracted more and more, this assumed gradually the shape of a lemon growing apparently from that point. What it was I could not tell, but I remained with the patient until Dr. Stone had returned, having summoned him from his home, on the completion of the other case, by a message that I was waiting for him and would stay until he came. Upon his arrival, I pointed out this phenomenon and described the labor in detail. Subsequently I learned that the person suffered from a low form of fever, followed by a discharge of matter from the vagina and the disappearance of this protuberance. Although the doctor employed skillful surgical council, the woman died from pyæmia some three weeks later.

Nearly a year had passed when, entering the city on a train, I was met with a summons to report at once at the court-house, where a trial was going on instituted by Dr. Stone against the administrator of the decedent's estate for the payment of his bill for professional services. The defence of the executor was neglect and improper treatment. The neglect consisted in his substitution of myself for himself as accoucheur, and the bad treatment was my management of the case. Practically, I was on trial for malpractice, although the opposing counsel did not deem it prudent to say so in plain English. I was called to the stand almost immediately, and had not looked at my notes since they were made. Of course, many details comparatively fresh in the minds of those especially interested had escaped me, and in reply to a number of questions in my cross-examination I could simply say that I did not remember. The defence had presented but one witness when the court adjourned for its noon recess. I immediately repaired to my office, found my notes, and, on my return to court, stated that I wished to correct my testimony. A second time I went upon the stand. For an hour and a half altogether I was subjected to a severe cross-examination, during which, by means of a large sheet of paper and pencil, I clearly exhibited to the jury the changing phases of the case. When the judge charged the jury, he told them that if Dr. Stone had left the case in charge of a person ignorant and unskillful, he would justly be liable for damages. "But, gentlemen, you have had both doctors on the stand before you, and it is for you to say whether the physician left

in charge was not in every respect as fully competent to manage the case as he himself." Considering that the presiding justice was the only member of the bench with whom I was unacquainted, that I had never seen him until that morning, and that I then recognized the ability the doctor has since displayed, I considered that charge a marked compliment. The verdict was in favor of Dr. Stone.

AN OPINION OF "HOW MATERIA MEDICA SHOULD BE TAUGHT."

BY M. D. YOUNGMAN, M.D., ATLANTIC CITY, N. J.

(Read before the Homœopathic Medical Society of the County of Philadelphia.
February, 8, 1894.)

I.

It's an adage that "Fools rush in where angels fear to tread." I wish to call particular attention to the fact that this paper treats of *my* opinion of how materia medica should be taught.

I was invited by the chairman of this bureau to contribute a paper on "How Materia Medica Should be Taught," but after acceding to his request and upon cool second thought it seemed so presumptuous for an obscure country doctor to get up and tell college professors and professors of materia medica how this cardinal branch of medical learning should be taught that I decided to placate the fool killer somewhat by modestly offering my *opinion* of how materia medica should be taught.

II.

The very first thing the student should be taught is how to *study* materia medica. The method of going about it. It is not to be expected that the entire materia medica can be taught a student during his college life, and it becomes therefore highly important that he should start with an accurate knowledge of the proper and most effective methods of acquiring it, for its acquisition is to constitute his life's labor—the armamentarium with which he is to meet and attack the enemy, "disease." Only such a number of drugs should be selected as will admit of thorough and detailed teaching. These naturally will be the more important ones. Each drug should be studied thoroughly, all that is known concerning it, from any stand-

point being faithfully given to the student, without regard to the personal views of the teacher. It is due to the student that he should be told in an unprejudiced manner all the theories, opinions, and beliefs as to action concerning it; the teacher should then add his own views together with his arguments in support of the same.

As an illustration, let us take the drug opium, not that it is one of great importance in homœopathy but it is the great polychrest of the dominant school and will serve to illustrate my views. First, a description of the drug should be given, its source of derivation, physical properties and appearances, composition, characteristics and sophistication, tests, etc., or this may be relegated to the chair of pharmacy, but it should be carefully and explicitly taught and the student be required to prove his ability to recognize the drug in a reasonable degree.

Then should follow a list and description of its preparations, dilutions, alkaloids, etc., and the several doses of each, per orem, per anum, and endermically, with the toxic dose, symptoms and treatment of poisoning. All of this the student should be required to learn verbatim. He cannot possibly be too familiar with the ammunition he is to handle, perhaps fight in the hands of an enemy.

Next, he should learn the antagonists and incompatibles, the synergists and complementary drugs, from a physiological standpoint.

Next, after it is morally certain that he knows what he is talking about, the student should be instructed in the physiological action of opium in substance, its liquid preparations, and that of its chief alkaloids; morphia, codeia, apomorphia, together with their more prominent uses physiologically, and the theories explanatory of their rationale of action. This exposition of their indications for exhibition should include reference to the value of morphia in subduing pain in peritonitis, hepatic and renal colic, sciatica, puerperal convulsions, uræmia, tetanus, hæmoptysis, etc. Codeia in allaying irritation and its power in controlling the production of sugar in diabetes, apomorphia as an emetic, etc.

These unquestioned and important effects and powers of the drug, admitted by all observers, should be taught the student as facts—the common possession of all in the medical profession.

III.

Next, should follow a description of the provings of the drug, made in accordance with the requirements of the law of similia, upon healthy persons. The pathogenesis of the drug as thus ascertained

should be carefully taught, but only so much should be given to the student as is conceded by all observers to be beyond question, and to have been frequently verified. And also in teaching this pathogenesis the method laid down by Hahnemann should be followed. The whole picture, complete, should be given in its entirety, not cut up, or separated into symptoms under rubrics of "head," "chest," "extremities," as is done in some of our text-books. If, after the student has become a practitioner he elects to study his materia medica in this disjointed way he may do so, but it should not be taught him in college. It leads to unscientific and superficial prescribing, often times mere symptom matching, without an appreciation of the true genius of the drug prescribed. Following out such a method a student might be led—as I have known an instance of—to select lycopodium as a remedy in diphtheria, because he read in his text-book of materia medica the catarrhal symptoms of the throat so frequently found in persons whose nutrition is impaired, "pain and soreness in throat," "beginning on right side," "diphtheritic patches," "spreading from right to left," "pharynx feels contracted," and a host of other symptoms of follicular tonsillitis and pharyngitis, etc. Troubles of persons who are *constitutionally* "lycopodium" persons, who suffer from the condition of impaired nutrition, lithiasis, prostration, etc., that the proving shows lycopodium produces, and to which it is homœopathic.

Lycopodium is one of our grandest polychrests when given for the condition of neurasthenia, lithiasis and the indigestion, dyspepsia, sore throat and peculiar asthenia it produces; but it is utterly useless in diphtheria, and its administration there without warrant, because it is not capable of producing any state "*similar*" to diphtheria. It lacks totally the power to disintegrate the blood mass, or produce the putrid malignant state of diphtheria. Its pathogenesis is no more like the "picture" of diphtheria poisoning than peritonitis is like intestinal colic, or pleurodynia is like pleurisy.

A drug to be indicated homœopathically must present in its proving the "*condition*" "*whole picture*," not by aggregation or number of symptoms alone but in its SPIRIT, which constitutes the "*totality of the symptoms*" in the true acceptance of that phrase; not a few isolated symptoms; unless these be of such a character, indeed, as to constitute "*key-notes*;" as, for instance, the "*lithiasis*" of lycopodium, when it becomes of great value; as it speaks of the pathological state the drug is capable of producing in the healthy prover, and can be absolutely depended upon to cure.

IV.

But to return to our model, opium. In teaching the pathogenesis, stress should be laid upon the pathological changes produced by the drug, and while the alteration and interference of function should be carefully noted, preference should be given to the objective symptoms, and the student warned against placing too much credence on the subjective, although in some instances the latter constitute the most important and reliable data of the proving, *e.g.*, the mental symptoms, which are, in my opinion, the most important in the whole pathogenesis.

This teaching is essential from two standpoints: 1. We should be chary about accepting that which is not susceptible of proof, or is beyond appreciation by our own senses and faculties, or the aids thereunto at our command. The attitude of the scientific physician should be one of agnosticism (I use this term not in its mock modest but in its true sense) toward everything not susceptible of such demonstration.

2. Because the essential features of the disease present themselves to us as pathological alterations of tissues, organs, or functions. The chief and prominent features of diseased conditions are pathological and objective, and those indications for the remedy are of most value that are also pathological and objective. Now opium is not, homœopathically, a remedy valuable in acute diseases as a general rule. It is rather a remedy in chronic or subacute conditions, and this fact is in itself one of its chief indications. There are other medicines with quite the opposite characteristic and are of more avail in acute disorders. I am not going to encroach on your time by giving the pathogenesis of opium. I shall only refer to a few prominent features of its symptomatology in order to set forth my idea of how it should be taught.

1. The effect on the brain and sensorium. We find recorded: "Vivid imagination," "exaltation of mind," "sees animals, faces, grotesque figures and combinations." "Nervous irritability." "Imbecility of will." "Apathetic, indifferent, indolent." "Apoplexy." "Cerebral congestion," "cerebral effusion," "serous apoplexy," etc. And now we read, "After death from opium the convolutions of the brain are found flattened and softened in spots or areas, the cerebro-spinal axis and its membranes are gorged with black serous blood, there is dropsy of the ventricles of the brain, and beneath the arachnoid membrane." Stasis. What a complete picture. So opium is

homœopathic to serous apoplexy, softening of the brain, arachnoidal dropsy; all of a venous or static quality.

The very same *symptoms* might be presented by the pressure of a clot of blood, or active arterial congestion, perhaps due to hypertrophy of the left side of the heart, so often found associated with chronic kidney disease; but opium would not be homœopathic to such a condition, for the condition it produces is not of active hyperæmic but of passive congestion, and the physician must secure an accurate history of the case, he must examine his patient carefully, make a correct diagnosis, and exercise his imagination as to the pathological condition existing back of the symptoms. So, likewise, the student should be taught not only to note and assign symptoms, but to interpret them correctly.

We see the damaging effects of opium on the motor and sensory nerve-centers, the terminal apprehensible end organs of the nerves, but particularly on the great sympathetic; the nervous system of organic life. And only the physician with the analytical mind, who can see the pathological condition produced in this domain shall apply it to the diseases of the nervous system in which it is so valuable. Take as an illustration the paralysis of the inhibitory nerves of the intestines (sympathetic); first we have constipation followed after a time by exaggerated peristalsis, tympanitis, and copious evacuations. This is the drug picture.

Look now at this picture of "nervous exhaustion." A busy man, a doctor perhaps, becomes "run down" over-worked, over-worried, first his digestion becomes impaired somewhat, he becomes constipated, but he goes on, he has to; next thing he knows, a violent diarrhoea sets in, in the beginning fecal, but after a time serous, then mucous, and it leaves him in a state of collapse from which he slowly recovers, perhaps constipated for awhile, when suddenly the diarrhoea comes on again, the mucous follicles pour out their contents, and then the condition of passive congestion is slowly re-established only to be relieved by another outpour. I have seen many cases as here described and I have seen opium cure them. And so the whole category repeats itself in each organ or system. Dry viscid secretions followed by effusions, venous stasis, vaso-motor paralysis, impaired nutrition, wasted, enervated tissues.

After the student has learned all the "*symptoms*" produced in the proving and can tell the why and wherefore of their production, so that he may differentiate them from similar appearing symptoms occurring in the symptomatology of other drugs, then he should be

taught their clinical application. The nutritive changes, the functional disturbances, and the pathological state the drug under consideration is capable of producing in the healthy organism should be compared or applied to the diseased conditions he will be called upon to treat.

The "comparative" method of teaching *materia medica* is admittedly the most important, for only in this way can the student learn to separate and decide between the "drug pictures," and comprehend the true genius of each.

Finally, the student should be taught *materia medica* only as set forth. He should not be allowed as a student to use a text-book, or should never be allowed to use a repertory. A repertory is utterly useless and a hindrance to a physician until he has had at least ten years active experience in prescribing. He should be taught that the highest law, the appellate law, if you will permit the phrase, in the practice of medicine, is the great law of common sense. Next to this in importance, is the law of *similia*, and often if he applies the first he will have no need for the second. And then he should be taught that *materia medica*, essential as it is, is often secondary to hygiene, surgery, electricity, hydropathy and other resources at the command of the physician.

The questions of "The Single Remedy," "Alternation or Combination of Remedies," "Potency," "Repetition of Dose," etc., may or may not be taught by the chair of *materia medica* as is deemed advisable; but the wisest latitude should be conceded in these matters to individual experience, and no one or all of them, should be made the test of orthodoxy.

URINARY ANALYSIS.

BY GEORGE C. WEBSTER, PH.G., M.D., CHESTER, PA.

(Read before the Homœopathic Medical Society of Chester, Delaware and Montgomery Counties, Pa.)

URINARY analysis has become of so much importance to the practitioner of medicine, aiding oftentimes in the diagnosis, prognosis, and treatment of disease, that the physician of to-day, who has not at least a general knowledge of it, is considered, and actually is behind the times, and the number bearing a back date is not small, for I

have met more than one who was unable to interrogate the urine in a scientific way, why, I am unable so say, for any one having the knowledge of chemistry the physician is supposed to have, should find little difficulty in making a fairly complete analysis of urine; my object is not to find fault with those neglecting this important work, but rather to encourage them to give it attention, both for their own sakes and for that of their patients, and without further comment I will describe in a brief way, the steps to be taken, and the points of interest and importance to be observed in making an analysis of urine. The first important point to claim attention, is that of securing good fresh samples of urine to work with; this is indispensable to good results; no difficulty need arise if the patient or nurse be directed to save, in a clean, closely-covered vessel, kept in a cool place, all the urine voided in twenty-four consecutive hours, and at the expiration of the time, to send to you, in a clean bottle, a sample of from f̄iv. to f̄viij. of the well-mixed urine, with a note of the amount voided during the twenty-four hours. It is well known that the urine voided by the same individual, is not the same in character at all hours of the day; thus the first voided after rising in the morning is apt to be decidedly acid in reaction, while that voided an hour or two after a meal may be neutral or even alkaline; for this reason it is usually best for analytical purposes, to choose a sample from the mixed urine of twenty-four hours' voidance.

A point of no less importance to be noted is the quantity of urine passed in the twenty-four hours; from f̄xl. to f̄l. may be taken as the average for an adult in health, but considerable variation occurs in the physiological state, and still more in the pathological; the flow may be increased by certain drugs or by drinking freely of water, beer, or other fluids; hysteria, convulsions, and diabetes also increase the flow; in the latter disease as much as Oxxx. is sometimes passed in the twenty-four hours. Acute fevers and inflammatory affections, as a rule decrease the amount. On receiving the sample it may be well to add to it a few drops of chloroform; this will prevent decomposition for some time, and in no way interfere with the analysis. Still it will be unnecessary to add any preservative if the work can be commenced at once, and continued at until completed, except in very warm weather, when it may be found necessary to add some preservative to prevent decomposition. A convenient method of proceeding with the analysis will be as follows: Note the odor, color, consistency, transparency, determine whether acid, neutral or alkaline, ascertain the specific gravity, also the presence or

absence of albumin, sugar, and abnormal coloring matters. It is also of importance to know how much urea is being eliminated; chlorides, phosphates, sulphates, urates, etc., may in certain cases claim attention.

A portion of the urine should be set aside in a conical glass vessel, well protected from dust, to allow any sediment present to subside that it may be examined microscopically.

Normal urine may be said to have a characteristic odor, somewhat aromatic, and when freshly passed not unpleasant, but it soon takes on a putrid ammoniacal odor if kept in a warm place in contact with the air; certain drugs and articles of diet quickly influence its odor, asparagus being familiar to all; turpentine gives to it the odor of violets; cubebs, copaiba, and sandalwood also quickly influences its odor. When urine is much concentrated, as in acute fevers, it has a strong, often disagreeable odor. Diabetic urine is said to have a sweetish or fruity odor; it probably has, but I do not believe the presence of sugar can be proven by this method of testing; in certain kidney and bladder troubles, the urine may smell quite putrid when passed.

The color of urine varies much; normally it may be said to be a light or lemon yellow, though the shade depends considerably on its degree of concentration; as a rule, a urine of low specific gravity is pale in color, while one of high gravity is richer in color, a conspicuous exception being found in diabetic urine, for here we may have a gravity of 1050 or more and the urine be very pale, in fact, at times almost colorless; abnormal coloring matters may be present, blood and bile pigments being not uncommon; certain drugs as san-tonine, rhubarb, etc., influence its color.

Normal urine, like water, flows readily and can without difficulty be divided into drops, but it is not uncommon to meet a urine in which this is not the case; this state of affairs may be due to an excess of mucus or probably oftener to mucus and pus under the influence of ammonium carbonate, derived from the decomposition of the urea. Generally, freshly passed urine is transparent, but it does not follow that because it is transparent, it must be normal, though the laity seem to be possessed with this idea. Mucus, earthy phosphates, or mixed urates may cause normal urine to be somewhat cloudy at the time it is passed or shortly after, but they all subside more or less quickly—leaving a layer of clear urine above; the urates redissolve by the application of heat, but this agent causes the earthy phosphates to precipitate; they are quickly

dissolved by the strong acids, which have little or no effect on the mucus; acetic acid will precipitate the mucine; thus it is easy to detect the cause of diminished transparency if it arises from mucus, earthy phosphates, or mixed urates. The presence of pus may be the cause of diminished transparency—of course this only occurs in pathological conditions and it may be detected by the microscope or by the application of heat, which will cause a precipitation of albumin which is always present where pus is found; sometimes this condition gives rise to a false diagnosis.

The specific gravity of urine is of considerable importance, for by it we can at once approximate the amount of solids it contains. Thus suppose the gravity to be 1020, we multiply the last two figures by the coefficient of Haeser (2.33); this will give the amount of solids in 1000 c.c. in grammes; in the above example there would be about 46.60 grammes in the 1000 c.c.; from this the total amount of solids eliminated is easily calculated. If the gravity is below 1018 it is probably more nearly correct to use the coefficient of Trapp (2). The specific gravity of urine is usually obtained by the use of a small glass instrument known by the name of urinometers; there are quite a variety of them in the market, but I do not hesitate to say that I believe the one put up by Dr. E. R. Squibb, of Brooklyn, N. Y., is the best I have ever seen; it has merits not to be found in any other; the price of course is all that is against it; if a cheap urinometer is used, its accuracy should first be tested. The gravity of normal urine is from 1015 to 1025, but after drinking freely of water or other liquids it may fall as low as 1002, or on the other hand, after great bodily exertion, with considerable perspiration it may rise to 1030 or higher and still be within the range of health.

The reaction of urine is readily obtained with litmus paper; normally it is usually acid when freshly passed, but it soon becomes alkaline on standing, due to the formation of ammon carbonate from the urea. In inflammatory affections, especially of the liver, heart and lungs, the urine will be found to be decidedly acid, while in certain brain, spinal cord and genito-urinary diseases it is frequently quite alkaline.

Albumin may now claim attention; its presence or absence may be shown by many tests, but for everyday work I believe the best results will be obtained by adhering to and becoming thoroughly familiar with a few of the well-proven ones. Error can scarcely occur if the following method be carefully carried out. A test tube about half full of clear filtered urine is heated to the boiling point;

if any diminution in transparency occurs it is due to albumin or earthy phosphates; if due to the latter a few drops of nitric or acetic acid will render it clear again, but if due to albumin it is permanent unless the acid is added in great excess. If any doubt exists it is well to set the tube aside for a few hours well protected from dust; if a sediment collects at the bottom of the tube which does not disappear on reheating the urine to the boiling point it is albumin, but as a further check against error the contact or ring test may be applied in the following way: Into a small test tube pour 4 or 5 c.c. of c.p., HNO_3 , or Robert's acidulated brine; then carefully introduce a like quantity of clear urine so that it will overlies the acid or acid brine; if albumin is present it will appear as a sharp or well-defined zone at the point of contact between the acid or acid brine and the urine. If mixed urates are present in excess a band somewhat resembling the albumin will appear, but it is more diffuse, and a little heat quickly dissipates it, so that no error need arise from this source.

The acid brine is as delicate a test as the HNO_3 , and is much more pleasant to work with, for it does not stain the skin, and its high specific gravity renders it more easily handled; it is made by adding f5j. of c.p., HNO_3 to 0j. saturated solution of table salt in distilled water. Other tests, some of which are even more delicate than those given, might be mentioned, but as most of them precipitate other substances besides albumin I think it best to let them alone. The question that arises when albumin is found in the urine is: Does it or does it not indicate organic disease of the kidneys? This may be decided by the amount of albumin present, by its temporary or permanent presence and by the absence or presence of any other disease which might account for it. In acute Bright's disease albumin is quite abundant, more so than in the chronic form in its early stage.

Albumin may be present in the pregnant and puerperal state, also in febrile and inflammatory conditions, as in scarlatina, measles, smallpox, typhoid fever, diphtheria, cholera, yellow fever, pneumonia, peritonitis, articular rheumatism, etc. Any impediment to the free circulation of the blood may give rise to its presence as witnessed at times in emphysema, heart disease, abdominal tumors, etc. Certain changes in the blood itself may be followed by the appearance of albumin in the urine.

At times it is desirable to make a quantitative test for albumin. The only accurate method is to precipitate the albumin, collect and dry it, and then weigh it on a delicate balance. This requires time

and great care, and for practical purposes is probably no better than some of the approximate tests.

Sugar is next in order. A specific gravity of 1030 or more should at once arouse our suspicion, especially if the urine is pale and much exceeds the normal daily amount, not but what sugar may occur in urine of low gravity, but the rule is the reverse. The various copper tests or the fermentation or bismuth tests may be used for its detection; of the copper tests, probably Trommer's, Fehling's and Pavy's are best known, but I wish to call your attention to another—the Haines' (Chicago) test—the formula of which is as follows: Cupric sulph., c.p. cryst., gr. xxx.; aqua dest et glycerine, āāf3rs.; liq. potassii, f3v. Dissolve the copper salt in the water and glycerine; filter and add the liq. potassa.

The claims for this test are, that it keeps better than Fehling's or Pavy's solutions, and that the presence of albumin does not interfere with its action. It is used in a similar manner to Fehling's test. Fehling's or Pavy's test solutions may be kept perfectly by dissolving the copper salt in a portion of the water, and the caustic and tartrate in the remainder, the two solutions being kept separate until wanted for use, when it is only necessary to mix the two solutions in the proper proportion, and proceed as with the single solution. The bismuth tests are delicate and reliable if sulphur or sulphur compounds are absent. The fermentation test is often neglected on account of the time required to perform it; but it is a good one, and should be used oftener than it is. It is only necessary to add some yeast to the urine in a bottle loosely corked, and set in a warm place for from twelve to twenty-four hours. If sugar is present, CO₂ will be evolved, and the urine will become lighter in gravity. This is taken advantage of as a means of approximating the amount of sugar contained in the urine, each degree lost during fermentation corresponding to 1 grain of sugar to the fluidounce of urine. When greater accuracy is required, we may use Fehling's or Pavy's test solutions—10 c.c. of the former requires 50 milligrammes of glucose to reduce or decolorize it; 100 minims of the latter is reduced by ½ grain of glucose. From this data the daily elimination of sugar can be calculated if the amount of urine is known. Urea need not claim attention unless there is reason for believing it to be present in abnormal amount—500 grs. is about the average daily quantity eliminated by a healthy adult, but allowance must be made for considerable variation. It is safe to say it is in excess if, on adding a drop or two of HNO₃ to a few drops of urine on a micro-

scopic glass slide, crystals of nitrate of urea form spontaneously. More accurate results will be obtained by decomposing the urea in a given amount of urine with hypochlorite of soda, and from the liberated nitrogen calculate the amount of urea. Dr. E. R. Squibb puts up an apparatus with which it is possible to determine the amount of urea contained in a sample of urine in a very few minutes. There are a number of similar apparatus in the market, all of which have claims of merit. Urea is abnormally increased in all febrile affections except yellow fever; also in all nervous affections, epilepsy taking the lead. We find it increased also in pyæmia and diabetes. In cholera it is very much diminished, at times falling as low as 60 grains in the twenty-four hours. In Bright's disease it is also markedly decreased, this being the cause for the low specific gravity so common to urine in cases of Bright's disease.

Biliary coloring matters may be detected by Gmelin's nitroso-nitric acid test. A very convenient method is to place the suspected urine in a porcelain capsule and let the acid come slowly into contact with it, when there will be a characteristic play of colors if bile is present—green, blue, violet-red, and yellow, the green being most constant and characteristic. With the microscope we may detect in the sediment certain crystals, casts, mucus, pus, blood, spermatozoa, bacteria, and often extraneous matter present by accident.

THE CONVULSIVE AFFECTIONS—THEIR NATURE, ORIGIN, AND TREATMENT.

BY WESTON D. BAYLEY, M.D., PHILADELPHIA.

SUDDENLY, and with or without premonition, a scream is heard, the person falls unconscious to the ground; the muscles of the body become rigid in tonic contraction; the face, at first pale, becomes livid; the pupil dilated; vibratory thrills run through the affected muscles, rapidly increasing in intensity to become violent clonic movements. The distorted face, the gnashing teeth, the tongue alternately protruded and retracted, perhaps bleeding and bitten, together with the wildly-rolling eyes, make this clonic stage peculiarly horrible to witness. After a time these movements diminish in frequency, but not in severity, until the now exhausted nerve-centres leave the unfortunate possessor of them in a stuporous condition of some duration. This group of phenomena is merely a symptom of

some diseased condition which is capable of releasing stored nerve force in an explosive manner.

CONVULSIONS IN CHILDREN

May be short or continued, light or severe ; they may be general or localized. The greater number of my cases have been in the second year of infancy.

The old ladies often talk about "inward spasms," and it is well to know what a real "inward spasm" is. It is one in which the muscles of respiration—the diaphragm, abdominal and thoracic muscles—are involved. When the laryngeal muscles are so affected we have the condition known as laryngismus stridulus.

Convulsions in children may be due to either central or peripheral irritation. In a convenient classification, quoted from Roberts, the central causes are :

- (1) Organic disease of the brain, cord, or their membranes.
- (2) Injuries to the head.
- (3) Idiopathic, or such as result from emotions.
- (4) Circulation of abnormal blood in the central nervous system.

The peripheral causes are :

- (1) Gastro-intestinal disorders.
- (2) Passage of a gall-stone, or renal calculus.
- (3) Dentition.
- (4) Local irritation, such as may result from a burn, or the production of a blister, or from pricking the skin with pins, etc.

The prognosis in any case will depend on the severity of the attack and the nature of the cause. The child may recover from the convulsion and remain hemiplegic, and this is commonly the case in the so-called infantile cerebral palsy. It must be remembered, also, that epilepsy may begin in infancy.

Treatment.—We should not imagine that when a child is stuck in hot water and belladonna administered, we have done our whole duty. Practically it is not always possible to come to an immediate conclusion as to the cause of the existing convulsion, nor is it advisable to withhold treatment until such diagnosis is made. Remembering that the greater number are reflex, and that the principal source of reflex irritation is the gastro-enteric tract, attention should be at once directed to that. A large enema or calomel gr. ii.—iii. should be given at once. As soon as it is possible to make the child swallow, give an emetic. In this way the convulsions may cease without further treatment. As I have already mentioned, I have

found most cases to occur in the second year, when the child creeps or walks about, investigating everything, and, unless watched, putting every conceivable thing in its mouth. One case was in a child carefully brought up, and knowing how particular they were with its diet, etc., I at first scarcely felt justified in giving it a purge. I did so, however, and in the stool found a number of grains of corn which had fallen on the floor from a dried and warped corn-cob thermometer. If the gums look very much irritated over developing teeth, it will do no harm to cut them.

While all this is being attended to, a hot bath should be in course of preparation. And now, if it is necessary, a bath should be given by first covering the tub with a blanket, and lowering the child down in the blanket. It should be done in this way to avoid fright. When there is relaxation, take the child from the bath, dry him hastily, wrap him loosely in a blanket, and permit him to rest in a darkened room. Proper ventilation should be secured, as the damaged nerve-centres badly need oxygen. Water should be administered, but no food for several hours, unless it is imperatively necessary. Slight stimulation may be needed in this stage if there is a weak or failing heart.

Of the medicines, I have not found bromide of potash to be of any service whatever.

Belladonna.—Sudden convulsions occurring with fever. I would use it particularly when there are twitchings between the attacks. The child is hot, but there is sweating.

Cicuta is a good all-around remedy. Its special indications are severe and sudden shocks of tonic stiffening and general clonic movements of the upper part of the body.

Cuprum.—When a developed rash has disappeared. The convulsions may be preceded by violent vomiting, and the attacks begin in the extremities.

Hyoscyamus.—When the attacks are due to emotional influences. Muscles of face mainly affected. Localized spasms in groups of muscles, perhaps changing from place to place.

Ignatia.—Violent convulsions, with a predominance of tonicity. Convulsion from fright, cold, intestinal worms, etc. (*Cypripedium*.)

Treatment of Sequelæ of Infantile Eclampsia.—Sometimes, following a series of convulsive seizures, there is a tendency to failing heart with collapsive symptoms. This must be combated with stimulants and the usual remedial measures for such a condition.

In one case, during the coma which succeeded a severe convul-

sion, a tonic spasm of the larynx and pulmonary muscles supervened, putting the child's life in great jeopardy. Prompt and forcible artificial respiration, by forcing air into the child's mouth, saved its life. Chloroform by inhalation is used by many; I have used it when the other measures failed, and the cases were of central origin. In cases where convulsion after convulsion takes place, they may be kept intermittently under the anæsthetic.

EPILEPSY.

When a fit occurs without appreciable cause, either peripheral or centric, it is given the name of idiopathic epilepsy, or epilepsy proper. There is a question in my mind whether this term does not include too much. Any reader of medical literature prior to Trousseau's time, must be struck with the confusion which exists in the diagnosis of the fevers. They are mostly typhus. Typhoid fever is invariably the abdominal typhus, remittent fever is a "mild form," while many cases of cerebral typhus were undoubtedly meningitis—purulent or otherwise. As the different strands of this rope were finally unravelled, so I think the future will shed greater light upon, and make less common than we now think, this mysterious disease, which the ancients (not without reason) considered the outcome of being possessed of a devil.

The typical grand mal is a fit such as described in the beginning of this paper. It may begin in infancy, but usually first makes its appearance during the period of youth. The first convulsion is often erroneously attributed to a fall received previously. It is often difficult to satisfactorily ascertain whether this was really a fit with head injury, or a fall causing trauma and unconsciousness. Sometimes, the fits occur only at night, and go unrecognized for a long time. Often, there is some periodicity, as when women have attacks during or before menstruation. At times, it only follows an exciting cause, as during the act of intercourse. At any event, the attacks grow more severe and frequent; come on at irregular times; the patient becomes fretful, peevish, hypersensitive, and forgetful. He is a burden to himself and to others; and, unless relieved by treatment, death would be a blessing, but one which is usually long withheld.

The aura is nearly always the same in the same individual. It has been thought that the starting place of this aura is indicative of the seat of the disease in organic epilepsy, or the point of origin of the fit in the idiopathic variety. This is not always so. A patient in whom the aura began in the left hand, was directed to

tie a string around his wrist, and to tighten it when he felt a fit coming on. This stopped one or two convulsions; but, afterwards, the aura appeared in the right hand, was uninfluenced by a string, and the fit continued with the aura arising sometimes on the one side, sometimes on the other.

The various symptoms need some special consideration.

The Premonition.—While a great many are unable to foretell when a fit is impending, yet, in a considerable number of cases, there are for hours, or even days, preceding, warnings in the shape of alterations in disposition, general weariness, vertigo, or headache. Whether these premonitory symptoms are present or not, an aura (proper) ushers in the fit. This usually consists of a parasthesic sensation arising from some viscera or limb. More rarely, it is a special sense disturbance of sight, hearing, or smell.

The Attack.—The peculiar scream which many cases give out as they fall, is due to a tonic spasm of respiratory muscles, forcing the air through closely approximated vocal cords.

The fall is heavy, and, in some cases, always in a definite direction. This fall may result in head injuries, which, should the patient be afterwards found in the post-epileptic stupor, might lead to erroneous conclusions as to the cause of the unconsciousness. The patient may fall on the fire and be burned; or in the water, and be drowned; or, as in a case of mine, fall in an unguarded water-closet and be killed.

The tonic spasm is supposed by some to be due to a discharge from the spinal cord, while the clonic movements result from the brain. The tonic stage is sometimes very brief, and occasionally absent.

The clonic movements are usually violent, jerking and tossing the patient about; the trunk and limbs are drawn first one way then another. Saliva collects in the mouth; the bladder, and, sometimes, the bowel is emptied.

The sleep is considered by some to be a part of the paroxysm, but it is more likely due to the exhaustion of nerve cells, which is also the cause of the transient palsy occasionally succeeding an attack.

Types of the Disease.—We have heretofore been considering the most common form of the disorder—"le grand mal;" but epilepsy may present itself with other features.

There may be momentary loss of consciousness without convulsive movements, or with but slight ones. These attacks may be so light as to escape observation, or be considered as a momentary vertigo.

This is the condition known as "petit mal." It often coexists with the convulsive type of the disease.

Hystero-epilepsy consists of an admixture of hysterical symptoms with those of an epileptic kind.

But perhaps the most interesting and mysterious of the types of this disease are those cases presenting a double consciousness—the so-called psychical epilepsy, or the "psychical equivalent." This is a condition of automatism with unconsciousness. The patient, with or without a fit, passes into a state during which acts seemingly purposive are done, even with logical sequence and cunning—presently awakening, totally unaware of what has transpired. Such an instance is in the case of Mrs. M., who, after a mild convulsion, or without any preliminary symptoms, will wander out, make unnecessary purchases, drink whiskey, and do various things of which she has no knowledge when awakening. In her normal condition she does not use intoxicants, but when she has an attack, it is no uncommon thing for her to return with a bottle half full of whiskey of which she can give no account.

It is often difficult to distinguish genuine epilepsy from epileptiform convulsions, and this depends on the concealed nature of the cause in some cases. It is usually the custom to carefully exclude all causes which might lead up to a convulsion, and conclude that a given case is epilepsy by exclusion. There are undoubtedly many cases which we now consider genuine, but which, could we but search more accurately, would be found to be reflex, or due to some organic lesion in nerve tissues. The urine should receive particular attention, as quite a number of seizures may prove to be uræmic or (as has more recently been suggested by Haig and von Jaksch) due to increase of uric acid, or to the presence of acetone in the urine.

ORGANIC EPILEPSY.

In describing a fit, I have said that it is a group of phenomena which is merely a symptom of some diseased condition which is capable of releasing stored nerve force in an explosive manner. This states the pathology of the disease, and it is pathology, the morbid anatomy of which can be very varied. In many cases of ordinary epileptic seizure, Bevan Lewis has found degeneration in the second layer of the cortical cells. Such cases, ante-mortem, would be called idiopathic.

Syphilis is responsible for considerable epilepsy; and although fine-drawn diagnostic differences are set forth by writers, yet there

may be nothing about the paroxysm to indicate its specific nature. It may or may not be of the Jacksonian type—that is, a convulsion more or less localized to a definite area. While there may be nothing distinctive in the nature of the fit, yet the manner of onset and the inter-paroxysmal state usually hint at the real nature of the trouble.

Epilepsy, coming on in the adult without neurotic family history, is to be regarded with suspicion. In syphilitic cases a denial of specific infection amounts to nothing, because the secondary skin phenomena are often so slight as to escape observation, or may be absent altogether. A peculiar, agonizing headache, with evening exacerbation, is apt to annoy the syphilitic. Passing palsies, particularly of the ocular muscles (causing perhaps a momentary diplopia), is of considerable significance. I have made diagnoses, and confirmed them by treatment, on that symptom alone. Again, syphilitic brain disease is progressive, and the convulsions are apt to increase in severity.

Brain tumors are often responsible for general convulsions, and unless the case is a progressive one, could be mistaken for epilepsy. But in most cases the vomiting, the headache, the choked discs, with focal symptoms of spasm or paralysis, make the diagnosis clear.

Cerebral hæmorrhage or embolism may cause a convulsive seizure, or an epileptic attack can cause an apoplexy. The convulsion would be apt to be unilateral; there would be a hemiplegia of much longer duration than the passing paralysis which sometimes follows an idiopathic attack. The pupils, in apoplexy, would be irregular, and the coma longer lasting. Or the convulsions may occur in an old hemiplegic, when, unless the paralysis has cleared up, the secondary nature of the trouble will be more easily recognized. The palsy of infantile cerebral hæmorrhage has completely disappeared, and later, convulsive seizures have come on, due to the irritation of the shrinking clot. These cases are sometimes very difficult of diagnosis.

Cardiac epilepsy is a condition wherein an epileptiform convulsion is due to some heart affection, degenerative or valvular. A sensation of extreme coldness usually precedes the attack, the heart's action is diminished or momentarily arrested, and the pulse becomes very slow or ceases for a time.

Toxæmic Convulsions.—Abnormal blood, alcohol, many drugs and some metals are capable of producing epileptic fits. Convulsions may be produced by acute alcoholism in a direct way; or the degenerative effects of chronic drinking may develop neurotic instability, and fits will come on.

The cardiac sedatives, by disordering the circulation, can produce a severe type of convulsion. Probably some drugs are convulsive because of specific nervous effect.

Convulsions due to uræmia are to be known by a history of symptoms suggestive of renal disease, or from a urinary examination. Uræmic convulsions are not always accompanied by loss of consciousness, particularly if the attack be a light one.

Chronic lead poisoning may result in violent attacks which cannot be distinguished from true epilepsy; they may come repeatedly, resembling the status epilepticus, and cause death. Habitual headaches, blindness, and choked disc are common symptoms of lead intoxication. This is a possible but not common symptom of saturnism. It commonly causes palsy without spasm.

Mercury and arsenic are also capable of producing convulsive seizures, which can only be diagnosed by concomitant toxæmic symptoms, or by a history of poisoning by these metals.

REFLEX EPILEPSY.

Epilepsy may begin in childhood. The reflex convulsions of infancy may cut a groove, so to speak, in the nervous system, and although the first convulsion may have a definite reflex cause, other convulsions will follow without exciting cause, and be truly epileptic. A cicatrix or other foreign body has given rise to convulsive seizures. Prepuccial or other orificial irritations (particularly nasal and middle ear troubles) have undoubtedly caused convulsions. It has been asserted that the oxyuris vermicularis, getting into the vagina, has caused fits. Much evidence has been accumulated, which proves that intestinal worms play their part in the production of eclampsia. Stevens and Ranney, of New York, attribute many cases to anomalies in the ocular muscles, and tenotomize many cases. Their results will be worthy of more attention when their cases have been under observation for a longer time.

Carious teeth, cervical stenosis, renal and vesical calculi, gallstones, ill-fitting trusses, have all been mentioned as causative factors.

Pathology.—Enough has been indicated in the foregoing remarks to show us that a certain element in the pathology is unattainable. Until we know the nature of that mysterious something called nerve-force, we cannot know how or why it is explosively discharged.

Prognosis.—If the cause of a convulsion be discovered and removed early, the chances are that the seizures will stop abruptly or gradually decline in severity.

Late in the course of the disease, even if a definite cause has been ascertained, do not promise too much, as the convulsive habit has been established, and will probably continue as genuine epilepsy.

The bulk of the cases, with their unknown causes, are not very amenable to treatment. Medicine and general management may, and often do, ameliorate bad cases sometimes to a surprising degree. But, generally, the prognosis, as to cure, is entirely unfavorable.

Treatment.—It is a trite statement that, in epilepsy of organic origin, the supposed cause must, if possible, be removed. This will include, according to the nature of the case, a careful search for abnormalities of all kinds. It is not necessary to repeat these causes, as they have just been mentioned.

Epileptics are ravenous as well as rapid eaters, and I have seen improvement in patients from dietetic correction alone. A strictly milk diet, and the administration of *nux vomica*, has helped some severe cases—in one case, now under observation, very decidedly. In all cases, the food should be only that which is easily digestible, and the patient should get up from the table without having completely satisfied his hunger.

From my own experience, and that of others whom I have consulted, the homœopathically selected drug is of but very little use in epilepsy. *Enanthe* promised much, but accomplished nothing. We must frankly acknowledge that our old-school friends do better with the bromides, judiciously used. Of these, the bromide of potash, a saturated solution (of which one drop is equivalent to $\frac{1}{2}$ grain) is the most generally useful. This should be given in from ten- to a hundred-drop doses in water three times a day. Probably one-third of the cases of epilepsy are considerably benefited, and not a few regain their memory and intelligence under the proper employment of this medicine. The attacks are staved off, and the damaged cells have a chance to recover themselves. I do not believe very much the statement commonly made (usually by those who never used this treatment) that bromide impairs the intellect, and produces other bad effects. It does not, if judiciously used. Mental impairment results much more positively from repeated severe convulsions than even the most careless observer could attribute to bromide.

During the paroxysm itself, all we can do is to guard the patient against injury, and save the tongue from being bitten.

Nitro-glycerine and *amyl nit.* by inhalation have warded off some attacks, but I do not think they are of any positive value in epilepsy.

THE IMPORTANCE OF CAREFULLY EXAMINING THE EYE IN SEVERE AND PERSISTENT CASES OF PROSOPALGIA.

BY J. K. M. PERRINE, M.D., PITTSBURGH, PA.

Mrs. E., æt. 46 years, had always enjoyed excellent health; being a seamstress, she was necessarily subjected to severe eye-strain. She had been accustomed to doing a large amount of work by artificial light.

In January, 1893, she complained of the upper lid of her left eye itching and at times burning, also momentary attacks of blindness. In February, 1893, she was fitted for glasses, the optician assuring her that that would remove the trouble. In February, 1894, she was suddenly attacked with a severe pain over the left eye, seeming to extend into the ear of same side. A physician was consulted, and diagnosed the case as one of neuralgia. *Spigelia* was prescribed without any benefit. On the following day *glonoinum* was given, and in the evening of the same day the physician was sent for again, and found the patient vomiting and in agony with pain. Morphine, $\frac{1}{6}$ -gr. hypodermatically, gave relief, and she was seemingly much improved for three days, when the doctor was again summoned. He was astonished to find the symptoms had returned. This time the patient complained of a bright light being brought into the room, saying it seemed to dance around and make her dizzy. Being called in consultation the next day, a careful examination of the eye was made, and the patient found to be suffering with "glaucoma."

TREATMENT OF PSORIASIS.—Prof. Petrini-Galatz, of Bucharest, Roumania, in a recent clinical lecture laid down the following points in the treatment of this disease. Not only is the disease to deserve attention but also the patient. The state of chronicity or acuteness also furnishes different indications. As to its evolution, the arthritic diathesis is largely the soil on which it grows, and which also gives rise to obesity, gout, different forms of migraine and neuralgia, dyspepsia, asthma and arterio-sclerosis. The nervous diathesis is also closely related to the arthritic. He cited cases of psoriasis in those with nervous hereditary taint—descendants of epileptics or neuropathics. Emotional influences have also led to development of the affection. Internally, he advocates a special diet: the alkalies in arthritic patients; in the nervous, hydrotherapy and nervous tonics. As to indications, he finds arsenic indicated in chronic states, as a fortifier of the system and a tonic of the skin by its elimination. He prefers Fowler's solution either internally or by hypodermic injection. In anæmic subjects he employs iron. Locally, he advises salicylic acid, chrysarobine and pyrogallie acid. Anthrarobine is less energetic. When the disease has been of long duration, a salve of benzoin and salicylic acid will cause the patches to disappear.—*Spitalul*, No. 3, 1894.

EDITORIAL.

LEGISLATION FOR THE PREVENTION OF BLINDNESS.

THE movement inaugurated by the committee appointed at the last meeting of the American Medical Association for the Prevention of Blindness, has met with encouragement in the passage of an act in Ohio with the following provisions: "Should one or both eyes of the infant become inflamed or swollen, or show any unnatural discharge at any time within ten days after its birth, it shall be the duty of the midwife, nurse, or relative having charge of such infant to report in writing, within six hours, to the physician in attendance upon the family, or, in the absence of an attending physician, to the health officer of the city, village, or township in which the infant is living at the time; or, in case there is no such officer, to some practitioner of medicine, legally qualified to practice in the State of Ohio, the fact that such inflammation, swelling, or unnatural discharge exists. Any failure to comply with the provisions of this act shall be punished by a fine of not less than ten dollars nor more than one hundred dollars, or imprisonment for not less than thirty days nor more than six months, or both fine and imprisonment. This act shall take effect and be in force from and after its passage."

While we recognize the laudable intention of the act, we cannot but be struck again by the difficulty attending attempted regulation of matters of health in any way but by the education of the physician, and through him of the people.

If specialists were asked, we fear that they would be obliged to confess that they have seen nearly, if not quite, as many eyes damaged under the care of "the attending physician," or "legally qualified practitioner," as under the midwife or nurse, by ophthalmia neonatorum treated for catarrhal conjunctivitis. This serious charge applies, we confess, more particularly to a time, now happily past, when the advantages of clinical instruction in diseases of the eye were neither so accessible nor so highly prized as at present.

The time allowed by the act—ten days after birth—while certainly covering all real cases, will no doubt include many of simple conjunctivitis; but it is better, perhaps, to err on the side of safety, since what will be added to the anxiety of the parent by an error of

diagnosis will, on the other hand, contribute to the glory of the attendant.

In those places provided with public health officers the law is simple and easily applied, falling in line with those compelling the reporting of contagious diseases. In outlying districts it is inapplicable, and is but another instance of excessive and too previous legislation.

We should like to be permitted to see the "reports in writing" that would be sent in by some of the monthly nurses in our country districts, "within six hours," should such a law be enacted here in Pennsylvania!

Such reports and requirements could very easily, and certainly would, lead to flagrant abuse. It would not be long before we would have "monthlies" always reporting to certain special doctors, not necessarily specialists, in consideration of being themselves recommended in return. The fitness of the physician and the urgency of the case would soon become minor considerations. It is an interference with the liberty of the individual, in this case justifiable only as a measure of self-defence on the part of the State against the possible burden of non-producing citizens. If it, however, compels the employment of medical aid, it is bound to furnish that aid by providing public physicians that shall at all times treat such and similar diseases of which the State takes cognizance, without cost to the individual, just as in the public hospitals for contagious diseases.

The trend of all such special legislation is in the direction of a gradual absorption by the political centre of the rights of the individual, under the plea of the common good, so that the day may not be far distant when the idea of having public physicians in the pay of the State, giving their services gratuitously to all, will seem no more strange than the actual existence of public school teachers, or public letter carriers does now. The public Boards of Health are the entering wedge, and we need only a little wider application of the germ-theory of disease, and a broadening of the idea of contagion so to enlarge their functions and powers as to leave out in the cold all private physicians; witness, the at times unjustifiable interference in private cases of the medical inspectors and the agitation on the question of registration of tuberculosis.

The only and true way to reach such matters in a manner in consonance with the spirit of our institutions is through the physician. Let him be more and more thoroughly educated himself, and let it be impressed upon him, both while at college and afterwards by the

State, if you will, that it is his duty to be a doctor, a teacher, to educate the people, whose obedience to the laws of health must be founded upon knowledge and free consent.

The ignorance of the public on subjects of health is always a reflection of the ignorance of the profession. The remarkable advance made in the enlightenment of the people in medical matters has been rendered possible and inevitable only through a corresponding enlightenment of the rank and file of the profession. It is not only that we are more ready to teach than formerly, but mainly that we have more to teach.

A BLESSING IN DISGUISE.

WE have read with mingled feelings of disapprobation and relief, in clippings from the secular press of California, an account of a "row," as it is euphoniously styled, among the homœopathic physicians of San Francisco. It appears that some disgruntled ex-officials of the Hahnemann Medical College of San Francisco have felt themselves called upon to denounce to reporters of the press, the college, its facilities and its results, and besides to declare their intention of entering and graduating from various allopathic colleges. These leaders have been followed, it seems, by several of the "me too" ilk of small fry. From our lack of personal acquaintance with the gentlemen seceding, and from the absence of knowledge of the character and truth of the dark deeds laid at the door of the college authorities, we are fortunately able to consider the case dispassionately from the standpoint of principle.

We hold that it is the inalienable right of every American citizen, be his station high or low, to consider himself a fool and an ignoramus. The fact may have long been known to his nearest and most intimate acquaintances, but we doubt both the good taste and the advisability of taking the world into one's confidence on such a point.

We could never bring ourselves to have much confidence in the sincerity of the reformed drunkard who re-wallowed in the gutter in his public speeches in order to gain sympathy and admiration. The poor publican beating on his breast in private seemed to us a much more estimable character. If these gentlemen, who for so many years have been following a delusion and a snare, as they maintain, could recall from the tomb, to which their self-alleged in-

competence has consigned them, the hundreds, or rather thousands (for they are all very busy men, as they told the reporter), that have departed this life under their gentle ministrations, we might see some reason in this public announcement, coupled, as there is no doubt it would be, with an avowed intention of "trying it over again" if consent could be obtained from the parties interested. What possible good it can do them personally, since their mistakes are buried, we are unable to conceive.

A few threatened suits for malpractice, based on their confessed incompetency, might cause them to look with more favor upon the education received in their homœopathic colleges, at least as a valid line of defence.

Their animus is evidently only to do harm to their personal enemies, and thus indirectly to the cause these represent. In estimating the probable amount of damage to be apprehended from these attacks upon homœopathy, a consideration of their source will prove of great comfort. The fact that these gentlemen have been able to practice and to teach homœopathy for from eight to twenty-three years without finding out their error or the necessity for confessing it, certainly does not speak too well for their mental acumen, or for their honesty, and in either case does not render them very trustworthy witnesses.

They surely, though outwardly belonging to the homœopathic profession, could never have had any sincere love for the cause or they would not now delight in washing the soiled family linen in public; whatever faults they may have found in homœopathy or in its representatives in their colleges, could certainly have been reached and remedied in a manner less suggestive of pique and disappointed ambition than the one adopted.

We should have thought that some emotion of regret would have touched them when compelled by their conscience (?) to leave the house that had sheltered them for so many years, even if they had discovered, as they thought, that the roof was leaky. But, no; they only seemed to regret that they were ever inmates there. It was evidently no homestead to them.

Their defection, therefore, can only be a source of satisfaction to those who still feel love and reverence for the old roof-tree. These seceders have set out from home, like Coxey's army of the unemployed, with blatant mottoes on their banners, but scant rations, and, like this army, will leave behind them a purified atmosphere and a host of earnest workers.

HETEROGENEOUS VIRTUE.

SCARCELY had we finished the above when a new surprise awaited us in the April number of the *Medical Arena*, which prints the news of the resignation of a member of the Faculty of the Homœopathic Medical College of Kansas City, Mo., and editorial comment thereon.

The resignation in this case is that of one of the "too too's," for whom the college, its teachers and teachings, were not homœopathic enough, but the same principle applies here as in the instance above. The resignation was published in a daily paper before the private resignation had had time to reach those whom it concerned. Under no circumstances can such action be excused.

Affairs of this kind, especially when coupled with charges against the efficiency and honesty of previous associates, as in this case, do not at all concern the public at large, and these *quasi* appeals to its judgment must be regarded as poorly-concealed bids for cheap notoriety.

Last month we thought that connection with some medical institution was being made use of by many as a means of gratifying a natural ambition for fame, but we are beginning to think it is the dis-connection that is being utilized for this purpose. Being optimists, we naturally seize upon the good to be found in these lamentable incidents for our comfort and encouragement. By a judicious system of rotation in and out of office in the various colleges at present in existence, the necessity for a multiplication of these institutions would be avoided by fulfilling one of the main purposes of their establishment.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE Institute's Jubilee meeting, at Denver, will be opened on Thursday, June 14, 1894, and continue in session for one week. For the first time in the history of the Institute, it will be operated under new by-laws, which possess two estimable qualities—liberality and flexibility. The absurd and out-grown time limit is done away with, and the duration of the session is to be limited only by the needs of the business and the requirements of the sections. The members of the sections are to have absolute control of their own work, and are

to have as much time as they need, and as many sessions as they may deem proper ; thus assuring to each essayist a respectful hearing and ample discussion of his subject. This method will certainly increase the value of the sessions to both the general practitioner and to the specialist, and the discouraging feature of choking off discussion for the want of time will be eliminated ; with this removal, one of the principal and most plausible excuses offered for non-attendance, on the part of many, will be done away with, and a greatly increased attendance is anticipated.

This meeting, being the first to be held in the far West, will afford an excellent opportunity to see the wonder-section of our vast country under particularly favorable circumstances. The chairman of the Transportation Committee, after great effort, has arranged for a round trip ticket from Chicago and St. Louis to Denver, good for thirty days, for a single fare, \$30. He has also applied to the Trunk Line Association for a single fare for the round trip from all eastern points to Chicago or St. Louis and return, and expects to have this courtesy extended. The decision of this association is held in abeyance, and a one-and-a-third fare is all that is guaranteed at present, being \$24 from Philadelphia and return. Sleeping-car accommodations will be \$22 for round trip, or, in round numbers for the whole trip, \$75.

The chairman has selected the Pennsylvania, the Chicago and Alton, and the Union Pacific railroads as the *official route*, and has arranged with Dr. Norton, of New York city, to run a special Institute train from New York to Denver, *via* St. Louis and Kansas City ; he has commissioned Dr. W. A. Dewey to get up a party from New England and New York State to go *via* Michigan Central road to Chicago, thence to Kansas City and Denver. He has arranged with the Union Pacific road to give to all who hold tickets over the official line, a complimentary excursion to Silver Plume Mountain and return, compassing the Georgetown Loop. The Colorado and Utah lines all tender a one-fare rate and fifteen day ticket, with stop-over privileges in each direction, and reasonable rates will be established for visits to Yellowstone Park and the Pacific Coast.

Anonymous communications are not considered ; they necessarily lack responsibility.

OBITUARY.

DR. H. M. DAYFOOT.

DR. H. M. DAYFOOT, of Rochester, N. Y., died at the Hahnemann Hospital, Philadelphia, April 22, 1894. The cause of death was pulmonary embolism. Dr. Dayfoot was born at Georgetown, Canada, February 21, 1846. He received his early education at a private boarding-school under the supervision of Rev. Dr. McVicar, now chancellor of the McMaster University of Toronto. At the age of 15 he attended the Woodstock Institute. In 1863 he began the study of medicine in the office of Elias Vernon, M.D., of Ontario. He took his first course of lectures at the Buffalo Medical College. The following two years were passed at the Cleveland Homœopathic College, from which he graduated in the spring of 1866. In the following year he graduated from the Homœopathic Medical College of Missouri. In the meantime, he had acted as assistant to Dr. W. Tod Helmuth, then of St. Louis. In 1867 he located at Mount Morris, N. Y., where for years he held the office of coroner. During his residence there he spent considerable time in perfecting himself in analytical and pharmaceutical chemistry under the direction of Prof. S. A. Lattimore, of the University of Rochester. In January, 1882, he associated himself with Dr. E. H. Hurd, of Rochester, with whom he remained until the death of the latter.

Dr. Dayfoot was elected President of the Homœopathic Medical Society of Livingston County in 1876; of the Monroe County Society in 1885; Secretary of the N. Y. State Homœopathic Medical Society in 1885, 1886, 1887 and 1888. On his retirement from the secretaryship of the last-named society, he was honored by his associates by a unanimous election to the highest office in their gift, that of president. In 1882 he was elected to the office of Grand Medical Examiner of the Empire Order of Mutual Aid, and was annually reappointed thereafter for many years.

Dr. Dayfoot had always been a popular man among his associates, admired alike for his high personal character, his ability and his social qualities. He made friends everywhere. His interest in professional matters was always active, always pursuing hospital, society and private work with great zeal.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D.,

FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

ON THE NEUROSIS FOLLOWING ENTERIC FEVER KNOWN AS "THE TYPHOID SPINE."—This is the title of an article by Osler in the *American Journal of the Medical Sciences* for January, 1894. The condition was named "the typhoid spine" by Gibney, of New York, who first described it in 1889. He regarded it as a perispondylitis, meaning thereby, "an acute inflammation of the periosteum and the fibrous structures which hold the spinal column together." The leading symptom was "the production of acute pain on the slightest movement, whether lateral or forward, and the absence of any marked febrile disturbance or neuralgia." He described four cases, one of which, however, Osler regards as belonging to quite a different category.

A reference to something similar occurs in Pepper's article on typhoid fever, in the *American Text-book of Medicine* (p. 90). One or two other cases have been recorded.

Osler relates two cases of his own; pain on movement, and the absence of all signs of organic disease are the essential features of this affection. He gives an account of a third case which he believes was also a post-typhoid neurosis, though it differed a great deal from the other two. The patient was a man of 30, who after a severe and protracted attack of enteric fever, with delirium and severe nervous symptoms and tardy convalescence, "had disturbed sensations in the feet and legs, aggravated shortly after, but diminishing somewhat within five or six months, never entirely disappearing, and recurring with some intensity during the period, characterized by pronounced neurotic manifestations. Here there were no pains in the back and abdomen, but only a feeling of weakness. The symptoms might be due to a spinal lesion, to neuritis, or to a neurosis. On the whole, the writer is inclined to favor the idea of a neurosis.

Nevertheless, Osler thinks it quite possible that, under the designation of "typhoid spine," Gibney may have described several distinct affections; and he cites a case, moreover, to show that not all painful spines which follow typhoid fever are neurotic.

ACUTE RHEUMATIC SORE THROAT.—Dr. J. Auclair calls attention to the frequency of rheumatic sore throat; it may be the forerunner of general acute articular rheumatism. In the majority of cases it precedes by two or three days the outburst of the articular inflammation, though it may accompany the articular symptoms or even, exceptionally, precede them for eight to ten days. The throat is found, on examination, diffusely red, over the tonsils, the free border of the velum palati and the posterior wall of the pharynx. This redness is intense but it diminishes from the centre towards the periphery. In some cases the mucous membrane may be tumefied and oedematous. Exudations are rare though they have been observed. It is an opalescent, fine and translucent pellicle which is easily detached, leaving a reddened mucous membrane beneath. The following day it will have generally disappeared. Glandular swelling is rarely remarked though it may be present, in children. The functional disturbances as pain and dysphagia vary, in cases. Liquids introduced into the posterior pharynx, are liable to cause pain on swallowing. While these symptoms are engaging the attention of the patient, the general symptoms develop. The thermometer rises suddenly to 39° C. and over, the pulse is greatly accelerated and the functions of the stomach are affected. The tongue is covered with a dirty coating, a little dry the first day and it rapidly loses its coating, at least at its tip. The throat is dry, with violent thirst, the patient's appetite is poor and he complains of a sensation of soreness, fever and pains in the lumbar region which are more or less distressing. Then the urine contains a little albumin. These are the

forewarning signs of the articular involvement. Though the throat symptoms come suddenly they are slow to disappear. It may last from two days to the whole duration of the articular affection. Its diagnosis is easy, especially when articular pains follow. It greatly resembles erysipelas of the pharynx of moderate intensity, but, in the rheumatic affection, the erythema is less limited, it passing insensibly into the surrounding normal mucous membrane. Besides, the fever is moderate and there is not the violent and characteristic chill at the beginning, as in erysipelas. Syphilitic angina may resemble it at first, though the other symptoms of infection—mucons plaques, roseola, etc., will differentiate. Treatment by the salicylate of soda is without effect on the tonsillar symptoms, astringent gargles are without influence and only antiseptic gargles as of boric acid will be useful.—*Le Bulletin Medical*, No. 14, 1894.

SUBLIMATE OF GLYCERINE LOCALLY IN DIPHTHERIA.—Dr. Goubeau recommends very highly the use of a solution of sublimate of glycerine (1.30) in the treatment of diphtheria. Later, a weaker solution may be employed. It is applied locally by means of a swab on a stick or a small camel's hair brush, every twelve hours. He thus treated a series of twenty-one cases of which nine were very severe; none of them died though he asserts that it would have certainly occurred in four of these nine were it not for this treatment. The solution is applied to the pseudo-membrane without attempting to remove it. They will fall off of themselves. A solution of sublimate in glycerine is not caustic and the first five or six applications are not painful; only a metallic taste being noticed. He concludes that: it rapidly causes the membranes to disappear, does not require too frequent intervention, it is not painful, it may be carried out by the attendants of the patient and it is absolutely innocuous.—*Rivista Clinica E Terapeutica*, No. 2, 1894.

RHEUMATIC SKIN ERUPTIONS.—Dr. Travers Smith, of Dublin, quoting from Drs. Barlow and Cheadle, says that skin eruptions may be the only manifestation, present at one time, of rheumatism. The rashes, when widely diffused over the body, closely simulate those of measles, German measles and scarlatina. The difficulty of differentiating is further enhanced by tonsillitis, which may owe its origin to a rheumatic factor. Attention to the following points generally enables one to form a correct diagnosis: (1) The mode of distribution of the eruption which manifests itself first on the extremities and may be entirely limited to them. (2) The *tout ensemble* of the constitutional symptoms, e.g., there being no distinct and sudden invasion or catarrh, as in measles. (3) The time of year. The most cases occur during the colder months and autumn. (4) The possible concurrent prevalence of an epidemic of an exanthem should be ascertained. The evanescence of the rash and absence of subsequent pigmentation will exclude the syphilides. He quotes as follows from Dr. Cheadle's article in Keating's *Cyclopædia*: "Always in the case of children, whether unmistakable arthritis is present or there be merely a stiff and painful tendon, or an unexplained febrile attack, or chorea, or tonsillitis, or erythema, it is most essential to bear in mind the possibility of having to deal with rheumatism and to examine the heart carefully day by day."—*Dublin Journ. of Med. Science*, cclxi., p. 181, 1893.

PATHOLOGY OF GRAVES' DISEASE.—In the Bradshaw lecture Prof. Greenfield spoke of Graves' disease or Basedow's disease as if it were possibly a primary disease of the thyroid. He marshalled the facts bearing upon the question of the thyroid origin under the following heads: (1) The examination of the thyroid, of which, so far as he has been able to obtain material, reveals in nearly all cases a peculiar form of proliferation of the gland tissue, unlike that seen in other goîtres and resembling a proliferation for the performance of increased function. The earliest alteration in the character of the epithelium lining the spaces is from a cubical to a columnar type. This change is associated with increased proliferation and active secretion. As a sequel, we may find catarrh. The proliferation change is liable to be followed by fibrous overgrowth. The second change is the production of an enormous number of newly-formed tubular spaces. The absence of increased vascularity, in fact, the apparent diminution in the vessels, is a point of great practical importance. (2) The relief afforded by removal, partial or entire, of the glands. The removal of one lobe, or even of the isthmus, has sufficed to arrest and cure the disease. (3) The presence in the nervous system of changes, slight in degree, but widespread, especially affecting those centres or nerves which we should suspect from the symptoms to be involved. The fact that these altera-

tions are of a like nature to those seen in toxic diseases; for example, hydrophobia and tetanus suggests that they also may be of toxic origin. (4) The contrast in many of the leading conditions of myxœdema and Graves' disease, these including both symptoms and anatomical changes. (5) The correspondence in some important respects of the phenomena of Graves' disease with those produced by artificial induction of thyroid secretions. He remarked that we cannot now doubt that all the more important functions of the thyroid are due to a secretion, which can be separated, though not in a pure state. It seems probable that the organs of its excretion are the skin, mucous membranes, and possibly the kidneys.—*Lancet*, vol. ii., p. 1493, 1893.

CIRRHOSIS OF THE LIVER.—Senator refers to differences of opinion as regards the various forms of this disease and sketches the history of our knowledge of it. The irritation may start (1) from the portal vein, a periportal cirrhosis resulting; (2) from the bile channels when it is due to biliary stagnation or, in addition, to the presence of inflammatory factors, such as micro-organisms; (3) from the hepatic vein, as in uncompensated cardiac lesions; this cyanotic induration is with difficulty, or not at all, distinguishable from other interstitial cirrhoses; and (4) from a perihepatitis, the inflammation spreading to the intralobular connective tissue. Some of these conditions may be combined. Anatomically it may be difficult to make out the starting point of these changes. It is almost universally admitted that in hypertrophic cirrhosis with icterus (Hanot) the intralobular connective tissue is chiefly involved, and that the liver cells are more or less maintained. Later, owing to biliary stagnation, the cells perish and blood changes occur, which cause death. The author then discusses the size of the liver, the presence or absence of icterus, ascites, and splenic enlargement. (1) The size of the liver depends on the amount and condition of the newly-formed tissue and upon the behavior of the hepatic parenchyma. In Hanot's cirrhosis there is no destruction of the minute portal channels or of capillaries, and the connective tissue does not tend to shrink. In Laennec's cirrhosis the connective tissue seems to shrink and the cells perish, hence the diminution in size. These conditions are not always present in like degree, and fatty infiltration may occur, leading to enlargement of the organ. Thus mixed forms of cirrhosis exist. (2) Icterus depends on the integrity of the liver cells and the escape of bile. Another necessary condition is that there should be no obstruction to the lymphatics. In Laennec's cirrhosis the conditions are not favorable to jaundice, since the hepatic cells perish, the outflow to the bile is unhindered, and the lymph channels are obstructed. In Hanot's cirrhosis the opposite conditions prevail; it is difficult, however, to understand the biliary obstruction, unless it lie in the medium-sized bile channels (angiocholitis). (3) As regards ascites and venous engorgement, a chronic mesenteric periphlebitis often exists. (4) The splenic enlargement is difficult to explain, as vascular engorgement alone cannot account for it. Probably the same cause produces hyperplasia in the spleen as in the liver. The author would adopt the following classification: (I.) Granular atrophy. He would add here as sub groups those cases in which (a) the liver is not diminished in size but may be enlarged; atrophy may occur subsequently; (b) icterus is present; this may be a chance complication. (II.) Biliary cirrhosis with subsequent atrophy. The enlargement is due to biliary retention, and there is no splenic enlargement or portal obstruction, and it is more common in women. In a sub-group placed here the spleen may be found enlarged. (III.) Hanot's hypertrophic cirrhosis, the rarest of all the forms. The whole course of the disease reminds one of a series of attacks of catarrhal jaundice. The enlarged spleen is important here. There are always cases that will not fall into any of these groups. The prognosis is always more serious in cases of diminution of the size of the liver or with enlargement of the spleen. Perhaps it is less serious if the cause can be removed, such as obstruction by gall-stones. In portal cirrhosis milk diet and potassium iodide have been recommended. Early puncture should be practiced in ascites. In forms (II.) and (III.) high injections of oil, soap and water, or solutions of salicylates, together with massage of the liver and the occasional administration of cholagogue purgatives should be tried. Prolonged warm baths with massage, a Carlsbad course and suitable diet, appear to be not without effect on the outflow of the bile.—*Berl. Klin. Woch.*, December 18, 1893; *Epitome, Brit. Med. Journ.*, January 27, 1894.

GNORRHOICAL RHEUMATISM.—After a *résumé* of the literature upon gonorrhœa, endocarditis, and gonorrhœal rheumatism, and their relations to the gonococcus, the

writer, Dr. M. Wiims, makes the following differential points between rheumatism and gonorrhœal rheumatism:

First, it runs its course with little or no rise in bodily heat; second, its mono-articular character, and its persistency in affecting a single joint; third, its prolonged course; fourth, its frequency in attacking the synovial membrane and tendon sheaths; and lastly, the lack of improvement under the salicylic acid treatment.

The attack of rheumatism is the result of a secondary infection, as is evidenced by the fact of its taking place long after the acute attack of gonorrhœa, and when it is treated with injections and soundings, or after it has taken a chronic form.

In the writer's case, a twenty-six year old, healthy individual had contracted a second attack of gonorrhœa. Three weeks after the infection followed a slight chill, and he developed pain and swelling in the knee which gradually disappeared. A week later, he developed a cardiac murmur and insufficiency of the aortic valve. He now developed a high temperature, and death followed six weeks after a venereal infection.

At the autopsy, the heart was found enlarged, and the aortic valve was partly thickened and ulcerated at its attached border; in one segment there was found a polypoid vegetation, partly ulcerated, and in the immediate neighborhood of the segment several small abscesses were found in the heart muscle. The microscopic examination showed diplococci to be present, having a crescentic form but without capsule. These same were also decolorized after the method of Gram and Weigert, and as the author did not produce cultures, he is far from considering this condition to be produced by the gonorrhœal infection. The urethra was free from all gonococci; it contained diplococci which were capable of being decolorized according to Gram's method.

The writer arrived at the following conclusions:

First. That gonococci cannot produce a malignant endocarditis, even as it does not cause other ulcerative processes.

Second. The complications of gonorrhœa depend not upon the primary gonococci, but are due to secondary infection resulting from other forms of cocci entering the system through the denuded urethra.—*Am. Medico-Surgical Bulletin*, Jan. 15, 1894.

A STUDY OF YAWS (FRAMBOESIA).—This disease is confined almost exclusively to the negro race; it originated on the Guinea coast of Africa. It is a constitutional disorder, attended often with fever, and by a peculiar papular eruption, sometimes having almost a crimson appearance like that of a wild raspberry, hence its name. Its probable cause was syphilis, spread among the negroes of West Africa by the English traders. Proofs of its venereal origin are as follows:

1. That it is contagious, and can be inoculated in the same manner as matter taken from an indurated chancre.

2. It is accompanied by ulcerated throat and pains in the bones.

3. The eruption is of a secondary specific type, though not of the usual lean-ham color but yellowish-white, having an ulcerative tendency.

4. It is transmitted by parents to their offspring.

5. Such children infect those who suckle them.

6. The disease is much improved by mercurial treatment.

7. The pathological histology of the papules resembles the tissues found in syphilitic gummata.

The disease begins with malaise and fever, pains in the head and bones which are worse at night, and ulcerated throat. The body becomes covered with yellowish-white patches of varying size, with the formation of papules which break down and ulcerate under a scab with great loss of tissue. If patient is secluded carefully the disease may run its course in seven months.—*Medical Press*, Jan. 17, 1894.

A CASE OF MALIGNANT SCARLATINA.—Dr. Juhel-Rénoy was called to a child of five years, who, during an attack of scarlatina, was seized with convulsions, which were interrupted by intense delirium and periods of sopor. The temperature was above forty degrees C., and for twelve hours there was absolute anuria. The child was therefore placed immediately into a cold bath with cold affusions to the head. The convulsions disappeared in six minutes, and when put to bed it slept a half hour. The bath was repeated the next day. After the first bath the delirium vanished completely; the next day the urinary secretion was re-established, and, after a few days, it made a complete recovery. He is a warm advocate of the efficacy of cold baths in such cases.—*La Semaine Médicale*, No. 8, 1894.

VANILLA POISONING.—Dr. James C. White records a case of poisoning in a man who was engaged in the sale of vanilla. On coming under observation he had a puffy face, partially closed eyes, and various forms of inflammatory lesions upon one wrist and forearm. The patient had been twice similarly affected in the course of two years in which he had been engaged in this business. Dr. White points out that poisoning by the vanilla pods or beans is not infrequent among the workmen in the countries in which the plant is cultivated. In handling the pods, many of the men have a dermatitis produced upon their hands and face, and this inflammation of the skin has been attributed to two causes. An acarus affects the pods, and formerly these cases were attributed to an irritative action of it upon the skin. But this is very improbable, because the inflammation comes on too rapidly, and is of a different type from that produced by the presence of an animal parasite. In the best variety of pods no artificial means are used for coloring them; in the lower qualities of pods it is known that an artificial method is used for coloring them black, and this material is the oil of the cachew nut found in the rind, called cardol. The oriental species is called the Indian marking nut, as it has the same property of turning black any substance with which it comes in contact, as the juices of the poisonous forms of rhus, and it has likewise the same poisonous quality as they have, so that many cases of poisoning are produced by persons handling these nuts without sufficient care. A lady patient of Dr. White's received from the West Indies some cachew nuts, and in opening them she was badly poisoned about the face and hands, presenting bullæ and vesicles and intense swelling lasting ten to fourteen days. There can be little doubt that these cases of so-called vanilla poisoning are from the cardol of this nut.—*Boston Med. and Surg. Jour.*, p. 440, vol. cxxix., 1893.

PRIMARY SARCOMA OF THE LUNGS.—Drs. Mirinescu and Baroncea, of Bucharest, observed a young girl of fourteen years who, three months before her entrance into the hospital, began to suffer from an acute pain in the middle of the right half of the thorax, which was followed by fever and cough, with an expectoration of mucus mixed with blood. On physical examination they found almost complete flatness in the lower and posterior portions of the right side, dulness in the supra-spinous, subspinous and subclavicular regions; at the base of the right lung, pleural fremitus; on a level with the bifurcation of the right bronchus, a tubular murmur, with a cavernous sound; the respiratory murmur much weakened, and the temperature between 38 and 39 degrees. These symptoms continued unaltered for several days, after which they became more distinct. The cough became altogether like that of whooping cough; the sputa, instead of mucous, became muco-purulent; the dulness increased in extent and intensity; there was a little cyanosis of the face and some œdema; the voice became slightly hoarse, and terrific paroxysmal and intermittent attacks of dyspnoea appeared, being almost asthmatic in their intensity. A diagnosis of tracheo-bronchial glandular enlargement of probable tubercular origin was made. The necroscopy revealed a right-sided pleural adhesion, the visceral layer of this serous membrane being studded with numerous tumors of varying sizes. They had invaded nearly the entire mass of the lung, in which centre there was a large cavity full of purulent fluid. The left lung was not involved; the mediastinal and bronchial glands were somewhat increased in size. Histological examination revealed it to be a primary sarcoma of the lung.—*Losperimentale*, No. 3, 1894.

THE DYSPEPSIA OF HERNIA.—Dr. Zabé has made an extensive investigation of the subject of dyspepsia due to hernia. Many cases of misunderstood dyspepsia are really due to small umbilical hernias. These paralyze the movements of the stomach, and disturb more or less profoundly the gastric secretions on account of the hindrance to expansion of the stomach and its descent between the layers of the omentum. The patient experiences a sense of drawing, which gives rise to an acute pain at the umbilicus. Most of these patients digest always badly without committing any dietetic errors. Many abstain from eating in order to avoid the intense pain following meals. The tongue remains moist and red. As a rule, liquids are not so well borne as solids; a little soup makes him worse than a heavy dish. The most rigid diet and the most active gastric antiseptics are inactive in this form of dyspepsia. He thinks that these little umbilical hernias are very frequent. The symptoms vary according as either the cardiac or pyloric end of the stomach or a loop of intestine occupies the hernial sac. If the cardiac portion is involved, there

is, after ingestion of food, a pain in the epigastrium, and more particularly in that portion corresponding to the œsophageal orifice. This gastralgia persists until the food is evacuated from the stomach and even for some time after. The pains are the greater the more the contraction extends to the abdominal portions of the œsophagus; it reminds one of the sensation caused by swallowing a too large bolus. When once in the stomach, it produces only a sense of weight. The patient is more or less oppressed with a tendency to sleepiness, and, as in ordinary indigestion, the face is injected and the extremities are cold, the pulse small, there is often cardiac oppression, and respiration is frequent and superficial. After eating, there is a desire to unbutton the clothes. These disturbances last from four to five hours. There are eructations of food and acid fluid; hyperchloridria. Vomiting may follow. If the pyloric end is involved, the pains commence three or four hours after eating in the right end of the stomach and the right hypochondrium. At night, nightmares, agitation, and insomnia; nausea and flatulence, with a sudden desire to go to stool if the pyloric orifice remain open; but if the adhesion constrict the passage then, though the food be well digested, it cannot pass through, and the stomach becomes distended, and from loss of retractile power a dilatation results. He claims that the intestinal form is not a result of the gastric disturbance, but dependent upon constriction of a loop of the gut with consequent meteorism, borborygmus, and colicky pains. Diarrhœa is infrequent, but may be green and fetid. To diagnose this condition, place the patient in the standing position and leaning slightly forwards; carefully palpate with the end of the index finger the region of the umbilicus. If one discover a soft and irregularly rounded tumor, over which the skin is easily movable, and which on pressure causes more or less vivid pain, the diagnosis is almost certain. If, on having him cough, a gurgling sound is heard, the diagnosis is certain. When small, great care in searching for them is necessary—*Gazetta Degli Ospitali*, No. 29, 1894.

DISEASES OF THE GROWING PERIOD IN CHILDREN.—Dr. P. Legéandre places them under three headings: the fevers of growth, the headaches and the cardiac hypertrophy of growth.

Fevers of the Growing Period.—This form is observed in the second childhood and adolescence in children who are badly nourished and who have been forced to do work in excess of their strength. If allowed to over-exert themselves, there is a great expenditure of material, and the elimination of half-oxygenized material gives rise to fever—the fever of overwork. Such a state will appear after too long a walk, too much bicycle riding, too hard playing at foot-ball or tennis. Plays are well enough, but athletic sports at that age are injurious. There is depression; dark rings around the eyes; the urine is scanty, dark, loaded with urates or phosphates; anorexia or a little gastric catarrh; spontaneous or provoked pain in certain groups of over-exercised muscles, as the deltoids, hips, the mass of sacro-lumbar muscles, the abdominal recti and obliqui; in short, a muscular fever which easily yields to rest, abundant drinks, and massage. Care is then necessary, as it may lead to juxta-epiphyseal osteitis, with a tendency to pass over into some form of osteo-myelitis. Irregular or continued fever, without apparent cause, in a child demand examination of the epiphyses, and, if tender, absolute rest in bed and hydrotherapy.

Headache of the Growing Period.—Frequent headaches in children undergoing rapid growth are of general nutritive origin and situated in the bones. They are dependent on a lack of phosphates for the formation of bone, and are actual bone-pains. Yet one should carefully seek for other causes before determining this as the express form. Look for disorders of vision; examine the nasal and pharyngeal cavities, for hypertrophic rhinitis is a frequent cause; adenoid vegetations in the frontal sinus; seek for the sensitivo-sensorial stigmata of hysteria in those of arthritic parentage; periodicity in the headache; hemicranian appearance, with its train of nausea, vertigo, vomiting, and vaso-motor disturbances; involvement of the eye, with hemicrania, malaria, or rheumatism; if there be associated neuralgia; a hypertrophy of the heart or the cardio-vascular murmurs of anæmia; a history of tuberculosis in the family and possible incipient involvement of the meninges. The digestive tract deserves careful examination; the urine, as well for a cyclic or intermittent albuminuria, is one of the most frequently overlooked causes of headache in growing children. But these once excluded, a headache of this period remains. The child has grown much lately; he has slight dyspepsia; his urine is somewhat turbid; he is anæmic, and presents various nervous troubles, constant lassitude, apathy, diminished memory, etc. The hygiene is generally at fault. Too much

indoor life and night study and too little open air recreation. Suspend all study for several weeks and send him into the country—hydrotherapy.

Cardiac Hypertrophy of the Growing Period.—The heart sometimes develops more rapidly than the chest, and there results a certain hindrance to function. Children with an inclination to rickets, with narrow chests, are more liable to this, especially after violent effort at play. Commencing chlorosis or anæmia may be indicated by palpitation; dyspeptic disturbances are quite frequent and a cause of palpitation. Many children drink too much while eating. Hysteria and neurasthenia are not so rare in children as was once thought. Intestinal worms are a rare cause.—*Gazette Hebdomadaire de Médecine et de Chirurgie*, No. 8, 1894.

ERUPTIONS OF RHEUMATIC ORIGIN.—Dr. T. R. M. Smith calls attention to the frequency of rheumatic skin eruption which may simulate either measles, scarlet fever, various forms of erythema or urticaria. In diagnosis care is to be taken to keep in view the method of extension, as it is prone to appear first on the extremities and may be confined to them alone. It does not set in suddenly as in scarlet fever or be accompanied with catarrh as measles. The cold season, and especially the fall, are the times when it is most liable to be observed. It may be accompanied or followed by other affections of a rheumatic nature as endocarditis, exudates into serous cavities or articulations. Rheumatic sore throat and chorea were also remarked as sequences.—*Norsk Magazin for Lægevidenskaben*, No. 2, 1894.

CALOMEL SOAP IN THE TREATMENT OF SYPHILIS.—Dr. Watraszewski, of Warsaw, Poland, recommends a calomel soap as possessing superior advantages in the treatment of syphilis. Though inunctions are not extensively employed in the management of that affection in America, his preparation is a quite convenient preparation for those who prefer the treatment by inunction. It is prepared by mixing the calomel carefully with the soap. A potash soap is best used, and the ingredients may be mixed in the proportions of 1 : 2 or 1 : 3. This soap possesses the qualities of ordinary mercurial salve besides the following: In using it as an unguent it requires but very little time (10 to 15 minutes); it is colorless and does not soil the linen, neither does it irritate the skin.—*Przegląd Chirurgiczny*, tom. I., Zeszyt II.

DISEASES OF BICYCLE RIDERS.—Dr. de Tezzer describes a series of perineal affections which are peculiar to bicyclists. First, there are certain superficial disease lesions, which are especially noticed in women as swelling of the labia majora and urethra, which are sometimes complicated by difficult urination. With a few days of rest the whole trouble soon disappears. The veins may also be affected and varices around the anus over may especially appear, on which slight excoriations may arise. Those painful erections from which bicyclists sometimes suffer are also dependent upon venous stasis; they may become so distressing as to cause the sufferer to dismount. A venous stasis of the prostate may be observed and lead to retention of urine. In consequence of the compression of the pudic nerve from sitting on the saddle of the bicycle, local anæsthesiæ of the perineum and genitals may develop as to require interruption of the practice. The possible urethral complications are more serious. In gonorrhœic patients, in consequence of bicycle riding abscesses may form in the perineum and require surgical intervention. A sudden collision or a fall may produce rupture of the urethra, so as to render an external urethrotomy necessary. He mentions the case of a lady who contracted a floating kidney after a collision while riding. A sudden pain in the right side was noticed at the time.—*Muenchener Medicinische Wochenschrift*, No. 11, 1894.

TETANIC FORM OF TUBERCULOUS MENINGITIS IN ADULTS.—Dr. Boix reports the case of an adult who was seized with trismus of the muscles of mastication, which was the only symptom for four days, when there appeared stiffness of the neck and tetaniform attacks, with generalized tonic spasm during the intervals. He died on the sixth day after the appearance of the tetanus. At the necropsy there were found, over the two hemispheres at the motor regions, numerous crops of recent tubercles. From a study of his case and similar ones, in the literature, he concludes that there is a distinct form of tuberculous meningitis. Cerebral defects as alcoholism, hysteria, nervous diathesis and other neuropathic states, favor its development. The cortical centre of the masticatory muscles may be excited either mechanically (various tumors, slowly developing tuberculosis, effusions of blood, etc.) or chemically (toxic substances, drugs, toxins, etc.). Subjects which are mechanically but little excitable appear to be most affected by toxic substances. In

the former case trismus is lost amongst the other paralytic and spastic symptoms and is without diagnostic value. In the latter case it appears distinctly and often alone, for a relatively long time, in advance of the other symptoms. The symptoms which follow are also of the same spasmodic nature. Prognosis is bad.—*Revue Internationale de Bibliographie*, No. 1, 1894.

ARTERO-SCLEROSIS OF THE PANCREAS AND DIABETES.—Prof. Fleiner treated a case of diabetes of pancreatic origin where, at the necropsy, the pancreas had been found to have undergone arterio-sclerotic changes. Though arterio-sclerotic involvement of the pancreatic vessels may not always induce diabetes, yet if a certain number of vessels and of the gland be implicated, diabetes must necessarily follow. In slight cases of the disease he is inclined to think that the arterio-sclerosis, rather than the disturbed metabolism, is the cause of the changes in the excretion of sugar (circulatory disturbances of the pancreas), complicating phenomena of the heart and lungs, especially that not rare form of death amongst diabetics where they perish with symptoms of heart failure, collapse and apoplexy, and, finally, the great inclination of these patients to gangrene. Regarding arterio-sclerosis as the cause of numerous cases of slight, the so-called climateric, constitutional, senile and other diabetic forms, it seems only rational, then, to treat the causal affection, arterio-sclerosis. Therefore, it is a question if the rigid diet of diabetes is applicable in such cases.—*Weiner Medizinische Presse*, No. 8, 1894.

LATENT AND ABORTIVE CONDITIONS OF ANXIETY IN NEURASTHENIA.—Dr. E. Hecker states that anxious conditions are the most frequent symptoms of neurasthenia, for at least one-half of the cases present them, either in the form of attacks or en masse. It may appear either from a slight cause or be present constantly and absolutely rule his conduct. It does not always appear to the patient as an anxious state, but, for example, may be observed as an asthma. From a long experience and examination of a large number of patients he comes to the astonishing result that in neurasthenics either the one or the other corporal attribute of anxiety appear entirely isolated during the attack without being accompanied by *psychic* anxiety. In order to explain these states he calls attention to Prof. Lange's theory that emotions are but secondary phenomena dependent upon irregularities of vascular innervation, so that the trembling, the pallidness are corporeal phenomena which give rise to emotions as fright, joy, care, etc. As vaso-motor changes may be assumed to be the causes of the affects, thus Meynert tried to explain psychoses as the result of cortical or subcortical anæmia or hyperæmia.—*Norse Magazin for Laegevidenskaben*, No. 3, 1894.

ON THE ORCHITIS OF MUMPS.—Dr. Catrin recently read a paper on this subject before the Parisian Hospital Society in which he presented the following conclusions:

1. In testicular complications of mumps one should distinguish between the orchitis of mumps and metastasis; the former is never severe and does not terminate in atrophy.
2. Orchitis appears most frequently between the fourth to the eighth day; it may be observed later at the twelfth, fifteenth or sixteenth day.
3. Orchitis preceding the parotidic involvement are very, indeed, exceptionally rare.
4. This form of orchitis is nearly always accompanied by fever; apyrexia is exceptional.
5. Mumps with a severe onset are more prone to testicular implication, especially if there be persistent pains in one or the other testicle.
6. In the orchitis of mumps the process begins at the epididymis which is always affected; it alone may be involved.
7. True prophylaxis consists in absolute rest, in bed, from the very appearance of the disease and in abstinence from violent exercise, a long time after recovery.
8. Examination of the semen, in a case of double atrophy, has demonstrated a diminution in the number of spermatozoa.—*La France Medicale*, No. 8, 1894. [See March number, page 181, "An Anomalous Case of Mumps."—Eds.]

ULCERATION OF THE CORNEA DURING PNEUMONIA.—Dr. Manicatis, of Bucharest, has observed two cases of ulceration of the cornea during the course of pneumonia. He concludes as follows:

1. Ulceration of the cornea is not a rare complication of pneumonia.

2. It is produced by infection of the herpetic vesicles.

3. It appears most frequently, in severe cases, in patients in bad general condition.

Practically it is of the greatest importance to keep the eyes clean, and upon the appearance of herpes, to employ antiseptic lotions or applications.—*La Revue Médicale*, I, No. 8.

CHLORATE OF POTASH IN CARCINOMA OF THE STOMACH.—Professor Brissaud on account of the well-known action of the chlorate of soda in affections of the mouth, tried the less poisonous salt, the chlorate of soda, in gastric cancer. In a whole series of cases, he has obtained very favorable results. The hemorrhages ceased, the cachexia improved, and even the tumor disappeared, in the course of six weeks. From the large number of cases it cannot be assumed that they were all cases of mistaken diagnosis. As the soda salt is much less poisonous than the potash preparation, it may be given in much larger doses. It is best prescribed in a watery solution, 8, 10 or even 16 grammes in 100 grammes of water; to be taken by the teaspoonful. The only contra-indications is the presence of even a slight albuminuria. In spite of these large doses no symptoms of poisoning were observed. The greater solubility of the soda salt would seem to indicate it of value in buccal diseases.—*Mémoires de Médecine*, No. 1, 1894.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D.

SURGICAL SHOCK—Charles P. Noble, M.D.—Shock is a condition of the body characterized by feebleness and rapidity of action of the heart, by shallowness and frequency of respiration, by the lowering of the temperature of the body, and by the lessened activity of most of its functions. It is generally accepted that shock is a manifestation of paresis of the nervous system, its symptoms being due to lessened and irregular innervation.

Treatment of Shock.—All patients requiring operation should receive careful study, and every therapeutic indication should be met before operation. The bowels, skin, and kidney should be put in good condition by the use of baths, purgatives, and abundant ingestion of water.

The temperature of the room in which the operation is done should be high—from 75° to 85° F. In such a room, the loss of heat from the patient by radiation is much less than when the operation is done in a cool room.

It is best that she be wrapped in blankets, and that as little of the skin-surface be exposed to the air as the necessities of the particular operation permit. For the same reason, the use of wet towels or gauze about the patient is to be deprecated. Evaporation from such materials chills the patient. Much can also be done by the proper administration of the anæsthetic.

The active treatment of shock consists in supplying heat to the body which has been lost, in stimulating the heart to better work, in counteracting nervous depression, and in overcoming irregular action, especially on the part of the vaso-motor nervous system, until reaction shall occur and the vitality of the patient can be sustained by alimentation.

If, during the operation, the patient begins to suffer from shock, and there is reason to expect that this will be increased, especially when the operation is not yet completed, I begin at once actively to treat it. One-fifteenth of a grain of sulphate of strychnia and one-fiftieth of a grain of digitalis is given hypodermically, and the dose of strychnia is repeated every fifteen minutes until some improvement is manifested in the pulse, until a fifth of a grain is given. If improvement does not manifest itself promptly, and especially if shock be profound, or if the patient has been markedly prostrated before the operation, a hundredth of a grain of atropia sulphate and two or three minims of a 1 per cent. aqueous solution of nitro-glycerine are given hypodermically. In still other cases, from three to six grains of citrate of caffeine are administered in addition. During this time hot-water bottles have been put about the patient, and, if the operation is an abdominal section, at times

warm water is poured into the peritoneal cavity. After the operation has been completed, the patient should be promptly put into bed. At this stage the use of whiskey by enema is of service, and at times it is proper to use whiskey during the operation, especially if shock is not another name for too much ether. The best way to employ whiskey, as a rule, is to give it by enema with hot beef tea, about two ounces of whiskey and six ounces of beef-tea.—*Annals of Gynecology and Pediatrics*, January, 1894.

THE EFFECT OF CASTRATION ON WOMEN AND OTHER PROBLEMS IN GYNÆCOLOGY—William Goodell, M.D.—He says, in substance, that his experience coincides with that of Hegar, who says that "the artificial menopause induced by the operation is often attended with more serious complications than those which are not rarely observed in the natural change of life."

Speaking of the changes in the sexual organs after extirpation of the ovaries, the writer says: "A riper experience, of which time was the main element, has led me still further to modify my views on this subject. Unquestionably, the natural change of life when fully established, but not until it is fully established, does very sensibly dull and deaden the sexual sense of women, which ultimately disappears in her long before virility is effaced in man. Now, what happens in the natural menopause holds good in that artificially and abruptly produced, with this important difference, that in the latter the sexual feeling is sooner lost. I am willing to concede that in some women, by no means in all, whose health had been so crippled by diseased appendages as to extinguish all sexual feeling, there is after castration a partial recovery of the lost sense whenever health has been regained; yet even in these cases, as far as I can ascertain, for women are loath to talk about these matters, the flame merely flares up, flickers, and soon goes out. In other sexual characteristics I have not found in these women any marked changes, either physical or psychical. Their affections seemed to remain the same; their breasts do not flatten or wither up; they do not become obese; abnormal growths of hair do not appear on the face or the body; and the tone of their voice and its quality is not changed.

In close relation with this subject, four questions come to the fore, and grave ones they are:

- (a) Do chronic diseases of the appendages often lead to a fatal issue?
- (b) To restore health to the woman suffering from such diseases of the appendages, is it needful invariably to invoke the aid of surgery?
- (c) After an abdominal section has been made, and after adhesions have been broken, must the now free appendages always be removed?
- (d) Is castration of the female a warrantable operation for the cure of insanity or of epilepsy?

To the first question, I answer that the death-rate from chronic diseases of the appendages is greatly overrated, so much so that, in my opinion, more deaths result from the operation of removing the tubes and ovaries, in the hands of even the most successful gynecologist, than from the disease itself. In my experience, after the patient has safely passed through the acute stage of the inflammatory attack, her life is in very little danger. Chronic diseases of the appendages usually affect the well-being of the woman, but they ordinarily do not threaten her life in any other way than by the wear and tear of prolonged discomfort. To cure the ill-health of a woman whose appendages are diseased, or to relieve her from her sufferings, a surgical operation is by no means always necessary.

I will go yet further, and assert that even cases with all the subjective and all the objective symptoms of ovarian or of tubal abscess have been cured by me without any operation whatever, the pus having disappeared either through absorption or through inspissation.

What is still more strange, in a few cases of abscess of each uterine appendage—very few, I will acknowledge—the treatment by massage, electricity, local applications, and by general building up of the system was followed by conception, pregnancy, and parturition.

With regard to the third problem: Supposing simple therapeutic measures fail, and the physician is driven to surgical interference, must he, after breaking up the adhesions, always extirpate the now free uterine appendages? My own course, under such circumstances, would be never to remove the healthy appendage unless the menopause had been established already, or unless there obtained a good reason for hastening it on. On the other hand, should both ovaries be intrinsically dis-

eased and their tubes contain pus, I would always remove both uterine appendages in their totality, no matter what the age of the patient might be.

Generally, however, the pus is limited to the tubes, and in that case sometimes one ovary, barring its adhesions, which, of course, must be broken, is healthy enough to be left behind. In such a case the tube alone should be removed. Further, rather than wholly remove all ovarian stroma, I should try in such cases to leave behind even a small fragment. For, in several of my cases in which a piece of an ovary not larger than a bean was left behind, not any menstrual or sexual changes whatever took place in the woman. Upon the removal of the uterine appendages for the cure of insanity and epilepsy, I have very few words to say, but they are all based upon cases occurring in my own practice. If the insanity is limited to the periodic outbreaks, strictly ovarian in their character, and with the menstrual flux as a storm-centre; if the epileptic fits are preceded by an ovarian aura—that is to say, if they pivot around the monthly period and appear at no other time—the removal of the appendages by suppressing a pernicious menstruation usually will bring about a cure in either disease. But when these organs are extirpated merely as a panacea *per se* for these mental and neural disorders, irrespective of an ovarian origin, the operation affords no relief.

HYSTERECTOMY BY THE CLAMP OPERATION.—Following is a special method for performance of this operation:

1. Abdomen opened in middle line; bulk of tumor disengaged from peritoneal cavity and drawn outside of the incision in the usual way. Adhesions are attended to; position of bladder, rectum and appendages ascertained, and, if necessary, uterine attachments of broad ligaments separated between double ligatures. If not necessary, peritoneal covering of uterus best left intact.

2. Transfixion pins passed through peritonæum of right side of incision, then through the base of pedicle of tumor, finally through peritonæum of left side of tumor. Two or three of these pins are used according to size of stump. The ends rest upon skin surface, but pin does not transfix any part of incision-edge, except peritonæum.

3. Wire clamp now put on immediately below pins. Opposing edges of peritonæum immediately above and below stump are caught together by forceps and the points of these are usually included in the loop of wire, the parietal peritonæum being thus easily caught up by the wire of the clamp all around the pedicle of the tumor. When the latter rests just above the pubes and the parietal peritonæum has not been divided too low down the peritonæum being slightly elastic, can be fitted around pedicle without causing any lower angle, the only point requiring special care being that formed by opposing edges of peritonæum just above the pedicle. Clamp is now tightened, the whole of wire being strictly extra-peritoneal and compressing pedicle of tumor through a single layer of peritonæum throughout its whole course.

4. Tumor is cut off. Abdomen and pelvis carefully cleansed by sponges from open part of incision above stump; incision closed, stump trimmed and treated with solid *perchloride of iron* and *iodoform*. In five cases treated by this operation recovery was prompt and easy.—John W. Taylor, *Medical Press and Circular*, January 3, 1894.

INDICATIONS FOR SYMPHYSEOTOMY.—Schauta has had a large experience with this operation, and in a recent discussion before the Gynecological and Obstetrical Society in Vienna made the following observations:

The indications for symphyseotomy must be carefully considered. A fatal case had just occurred after this operation, from fracture of the sacro-iliac joint, followed by suppuration and pyæmia. He considers the operation suited to those cases where there is only slight diminution in the space through which the child passes. He only performs it where the head is at the brim, and where, under ordinary obstetrical management the forceps might be tried. The greatest periphery of the head should not be much above the pelvic brim. He does not perform symphyseotomy when the head is high and movable above the brim, as after it the accommodation (flexion) of the head must take place, which would require an increase of space, and easily lead to rupture of the synchondroses. Everything he has observed recently in symphyseotomy confirms him in the belief that version should not be performed either before or after symphyseotomy. Extraction of breech cases must be accomplished quickly, though the soft parts are endangered and the pelvis even more than when the forceps are used. He recom-

mends allowing as much time as possible for the dilatation of the cervix uteri. He reported the following case as illustrating his opinion: The patient had a conjugate of 7.7 c.m.; the child was very large, the cranium prominent over the pelvic brim, with only a small segment of it in the brim. He was of the opinion that the head was too large for the pelvis; it was still high and movable, and he decided on Cæsarian section, as, under these conditions, it was a safer operation than symphyseotomy. — *Centralblatt für Gynäkologie*, No. 50, 1894.

The above case illustrates the increasing tendency among progressive obstetricians to limit the operation of craniotomy by performing symphyseotomy for slight pelvic contractions, and Cæsarian section if the former is impracticable, rather than craniotomy. It must not be forgotten, however, that what can be safely accomplished by great skill, hospital accommodations, and the very best of trained assistants, may not be equally safe, or the proportionate dangers of Cæsarian section, symphyseotomy or craniotomy be the same for an inexperienced operator, without assistance or hospital facilities. — EDS.

THE EARLY TREATMENT OF CARCINOMATA UTERI. — The end in view is twofold, first, by treating crevices liable to become cancerous, and thus preventing the formation of this neoplasm, and secondly, to detect cancer of the cervix at a sufficiently early date to successfully eradicate the disease.

The following rules have been adopted and taught at the Johns Hopkins Hospital:

1. It is the duty of the obstetrician to see each patient at his office from two to three months after her confinement, and there to examine and make careful record of the condition of the pelvic structures, stating accurately what lesions have been produced by the confinement.

2. Cervical lacerations should be carefully described, noting the position and depth of the tear and the appearance of the lips. Lacerations require no treatment when the lips are thin, uninfiltated, and lie together. Thick, infiltrated and everted lips associated with cervical catarrh call for deplorative treatment, followed by repair of the laceration.

3. Every woman who has passed thirty-five years of age and has borne a child, should have this examination made without delay by a competent physician, and if the cervical lips do not appear to be perfectly sound she should be kept under observation and examined at intervals of from six to eight months.

4. Every woman over thirty-five with a cervical tear should be examined at least once a year for ten years, or longer if the appearance of the lacerated area is not perfectly healthy.

5. These rules apply with special force to patients whose family history shows a marked inclination to cancerous diseases.

If these rules are conscientiously observed, there is not a shadow of doubt but that thousands of lives would be saved yearly in this country alone, by the timely interference with a disease so markedly local and accessible in its origin.

While we are searching for a cure for cancer, the line of progress in the immediate future for the gynecologist is clearly in the direction of prophylaxis and anticipation, either in preventing or discovering the malady in its earliest stages. — Howard A. Kelly, M.D., in *New York Medical Journal*, October 14, 1893.

ALEXANDER'S OPERATION FOR UTERINE DISPLACEMENTS. — Gelpe, as the result of eight years' experience with this operation and its many modifications, thinks that it is useless for procidentia unless accompanied by complementary operations on the vagina and perinæum. It is not suited for retroflexions complicated by adhesions or a high degree of metritis. It answers for free retroflexions when pessaries cannot be used and in which strong round ligaments can be felt (?). It is best suited, and can be warmly recommended, for uterine flexions in virgins and the unmarried in whom other operations, such as vagino-fixation, is impracticable on account of a narrow vagina. The uterus is usually small and easily retained in position by the shortened ligament. — *Zeitschrift für Geburtshilfe und Gynäkologie*.

LIGATION OF THE VASA UTERINA FOR THE TREATMENT OF UTERINE MYOMAS AND UTERINE HÆMORRHAGES. — Küstner has tried this with success, and believes it might be used with advantage for concentric hypertrophy of the uterus. It appears to be particularly adapted for uncontrollable climacteric uterine hemorrhages not from ovarian causes. He reports a successful case of the latter where curetting and all manner of local and general treatment were unavailing, and believes that

the simple ligation of the vasa uterina will take the place of vaginal extirpation of the uterus for uncontrollable climacteric hæmorrhage.—*Centralblatt für Gynäkologie*, No. 39, 1894.

THE TREATMENT OF GONORRHOËAL INFECTION OF WOMEN.—Westermarck publishes a clinical lecture on the subject, and reports one very rare case of the infection limited to the glands of Bartholini. He recommends for gonorrhœal vaginitis irrigations of corrosive sublimate (1 per cent.), pencilling with solutions of sulphate of copper (blue stone) (in young women 10 per cent. solution and in older women 2-5 per cent.), and the use of cotton tampons saturated with alum and glycerine 1 : 10. He can almost always cure an acute gonorrhœal vaginitis in one or two weeks. He treats chronic gonorrhœal salpingitis by laparotomy.—*Ibid.*

EROSIONS OF THE CERVIX.—Barsony recommends for the local treatment of erosions 96 per cent. alcohol, which he has employed with remarkable success.—*Ibid.*, No. 34, 1894.

THE MOTION OF UTERINE CILIATED EPITHELIUM.—Hofmeier confirms Kölliker and Fick that the motion is from above downwards—the reverse of what has been generally taught. He thinks the motion of the cilia not strong enough to move small bodies the size of the red blood corpuscles. He also observed the motion of the cilia from the uterus of a woman fifty-three years old and past the climacteric, which shows that, contrary to general opinion, the cilia are lost during the climacteric.—*Ibid.*, No. 33, 1894.

THE ÆTIOLOGY AND OPERATIVE TREATMENT OF VULVITIS PRURIGINOSA (PRURITUS VULVÆ).—Sänger treats of this subject at some length. He states that J. C. Webster made a careful examination of portions of the vulva removed on account of pruritus, and found that the disease consisted of a subacute inflammation of the connective-tissue papillary bodies (bindegewebigen papillarkörpers) and a progressive fibrosis of the nerves and nerve terminations (Pacini-Krause-Meissner's bodies), especially of the clitoris and the upper portions of the labia minora. Kraurosis vulvæ is quite similar both macroscopically and microscopically to some forms of vulvulitis pruriginosa, but neither Breisky nor Orthmann reported disease of nerve terminations. Orthmann's histological studies showed in kraurosis hypertrophy of all the skin tissue in the beginning, which, later, passed into atrophic shrivelling of the skin and sclerosis. It seems hardly possible that this would occur without involving the nerve terminals; but if Orthmann's statements are correct, it must be peculiar to kraurosis, and the difference between kraurosis and vulvitis would be that in the latter the sensitive nerves are involved, and in the former not. He considers kraurosis as mostly a pre-senile progressive atrophy of the vulva, with pachydermy.

Pruritus may be caused by chemical action of vaginal or urinary excretions on the skin, and in some cases parasites have been found. The action of anti-epitics, especially carbolic acid, in relieving pruritus is to be attributed largely to their numbing effects. Sänger recommends, in obstinate cases, the removal of the skin about the clitoris and vulva. An oval incision commences an inch or more above the clitoris, and is carried on both sides, just outside of the labia majora, back to the anus. The inner incision begins a little below the frenulum of the clitoris, extends on either side within the margin of the labia minora, and terminates at the edge of the recto-vaginal septum. The skin between these lines of incision is removed, the edges brought together with catgut, and the wound dressed with collodion, and iodoform sprinkled on before the collodion dries. Sänger has performed this operation in two cases with remarkably good results. He has arrived at the following conclusions in treating vulvitis pruriginosa:

1. The partial or complete extirpation of the vulva is a legitimate operation which should be performed frequently in otherwise incurable vulvitis pruriginosa.
2. There should be no objections to the removal of the clitoris and its folds, which, in consequence of the disease, have lost their specific sensibility.
3. A partial operation is preferable in young persons and also in circumscribed disease.

4. The entire vulva should be removed and replaced by a plastic substitute in old persons and extensive disease.—*Centralblatt für Gynäkologie*, p. 154, No. 7, 1894.

Prof. Zweifel remarked, in discussing the above paper, that he was still of the opinion that most cases of genuine pruritus vulvæ depended on a parasitic (bacte-

rial) disease of the skin as a cause. He thought there might be an essential pruritus, but the more we studied the etiology of pruritus, the fewer would be the cases of so-called essential pruritus. His treatment was anti-bacterial, and not with benumbing drugs. He had not been able to find any specific pruritus bacilli. Rösger confirmed the latter, and expressed his belief in chemical causes, as sugar in the urine.—*Ibid.*

THE TREATMENT OF INCARCERATED RETROFLEXED GRAVID UTERUS.—In one extremely difficult case Säger succeeded by catheterizing and irrigating a distended bladder and then placing the patient in a very steep Trendelenburg position, the cervix was with considerable difficulty brought down from behind the symphysis pubis by tenacula and then seized and drawn down by bullet forceps. After this the fundus was easily raised above the brim and brought into antiflexion. The patient made a good recovery and pregnancy was not interrupted.—*Ibid*

MOTOR AND TROPHIC DISTURBANCE IN RELATION TO PROLAPSUS UTERI.—Dr. Kyri has employed the Faradic current for the electro-diagnosis of the pelvic muscles, especially the levator ani. The chief forms of normal muscular movements were:

1. Quick, fairly strong muscular contractions.
2. Peristaltic contractions beginning at the cervix uteri and extending forwards.
3. Irregular insulated contractions at one or more spots in the vagina. The vagina itself may show a certain amount of contraction.

The chief forms of motor disturbances which he has observed are:

1. General hypertrophy of the muscles with often enormous general motor excitability; exceeding irregular movements without sustained force.
2. Thin-walled, atrophic, constantly relaxed vaginal walls with very weak contractions, or the latter may be entirely absent.
3. Local disturbances of the first or second class. All these forms occur in all types of prolapsus. It can be concluded fairly that similar motor disturbances, hypertrophy with muscular irritability and atrophy with paralysis, may occur in other parts of smooth muscles.

As the normal vaginal movements persist as well as their response to this influence of the nervous system, it shows that the innervation itself is injured in the region controlled by the cervical ganglion; the pathological signs in the nervous system itself, are important.

The disturbances of motility, the trophic processes in the muscle fibres and the disturbances of the nervous system itself warrant the conclusion, that we have here tropic neurotic disturbances. They show quite clear clinical pictures of hypertrophy, atrophy, motor irritability and symptoms of paralysis. It hardly can be said that bearing down, dragging or relaxation of the tissues, are due to mechanical causes alone. They point rather to deep-seated disturbances of the nervous system. The proof of this lies in the fact that the territory of fascial attachment, the territory controlled by the cervical ganglion, is primarily affected in those cases where these affections lead to tone paralysis, and it also must be primarily co-effected in those cases in which a perineal or levator laceration leads to prolapsus.

One of the most important signs of disease of the nerves is the least considered, the trophic disturbances in the connective tissue. It is quite certain that in traumatism not only is the connective tissue stretched and torn, but the nerves also are directly destroyed. It is also well known that in certain infectious diseases and inflammations the nervous system is directly affected. These lesions of the nerves terminate necessarily with such consequences as trophic disturbances throughout the areas controlled by the nerves, on smooth and striped muscles, glands, and even on the connective tissue.

Progressive tropho-neuritic disturbances, probably due to progressive disease of the sympathetic, may also occur after diseases of the sexual organs. It follows not infrequently after diseases of the respiratory and intestinal tract and general infectious diseases, the final result of which has been called recently enteroptosis.—*Centralblatt für Gynäkologie*, No. 2, 1894.

THE ORIGIN OF PUERPERAL OSTEOMALASIA.—Löhlein believes that osteomalasia is of parasitic origin. During a Cæsarian section on a case of the kind he removed portions of the crests of the iliac bones with all the careful precautions of sterilization and admixture of blood, etc. These remained perfectly sterile at a temperature of 37° C., while two central plates, with the same culture medium,

showed pus and staphylococci. He also made a careful microscopic study of the atrophied ovaries with negative results. Neither Gram-Wigert's method, Löffler's methylen blue, carbol fuchsin, nor gentian violet showed the presence of organisms. It takes a year before positive cure of this disease by operative means can be safely asserted.—*Centralblatt für Gynækologie*, No. 1, 1894.

THE EXAMINATION OF THE VAGINAL SECRETIONS OF ONE HUNDRED PREGNANT WOMEN.—Krönig found that in pregnant women who had not been examined, the vaginal secretion, whether normal, pathological or highly pathological, never contained germs which developed acrobs at the temperature of the body in the culture media usually employed, soor and gonococci excepted, there were never septic germs. The vagina of every non-examined pregnant woman was aseptic. He cannot confirm Döderlein's statement that the bacilli in the vaginal secretion alone led to the production of acid. He has found an anacrob coccus which cultured in an abundance of grape sugar forms an acid which coagulates milk within twenty-four hours. The acid reaction, in his opinion, is not caused primarily by vaginal bacilli or other germs, but by the natural acid secretion of the vagina. The vaginal secretion may be normal, even in gonorrhœal infection of the cervix.

Regarding the therapeutic benefit of intra-uterine irrigations with antiseptics in puerperal fever, his bacteriological investigations have shown that in quite recent septic endometritis, neither the quantity nor the virulence of the germs in the lochia is affected by the antiseptic rinsing of the uterine cavity. Clinical results are the main reliance. The conditions are too complicated for intra-uterine therapeutics to be governed by laboratory experiments.

Döderlein discusses the above paper and advises no inner disinfection unless major operations are contemplated. He believes the sauer reaction is due to the activity of the bacilli in the vagina.

Prof. Zweifel expressed his belief in intra-uterine therapeutics in the beginning of infection while the germs were limited to the uterus, but it must be therapeutics which could benefit. Washing out with water alone amounted to nothing.—*Ibid.*

THE DANGER OF THE INTRA-UTERINE INJECTION OF GLYCERINE TO INDUCE ABORTION.—Pfauneustiel has seen this followed in two cases by bloody urine and signs of acute nephritis, which he believed to be due to a poisonous effect of the glycerine. It has been shown that glycerine belongs among those drugs which cause decomposition of the blood. Experiments on dogs and rabbits have shown that glycerine causes hæmoglobinuria from glomerulonephritis, and further use of the toxic drug has caused interstitial nephritis as well as interstitial hepatitis.—*Centralblatt für Gynækologie*, No. 4, 1894.

ICHTHYOL IN GYNÆCOLOGY.—V. Herff states his experience in seven thousand cases. He has seen marked relief from pain as a primary effect, but he is not convinced of an extraordinary resorbing power stronger than that of iodine. He does not recommend it in pill form or in an ointment with massage. The best results have been obtained in chronic parametritis, pelvic peritonitis, parametritis atrophicans and gonorrhœal perimetritis. He has seen very excellent results in slight fissures of the anus with a ten per cent. solution in glycerine. Benefit has been experienced in pruritus vulvæ from any cause. Polacco praises it highly for its analgetic effects and great resorbing power, and urges greater patience and persistence in conservative treatment of the adnexa.—*Ibid.*

THE TREATMENT OF LARGE MYOMAS OF THE UTERUS.—Leopold has operated successfully on eleven successive cases. After the usual abdominal incision the four ligaments are tied and an elastic ligature placed about the neck of the uterus. The peritonæum is now stripped up to form a sort of cuff down to the ligature. The tumor is removed and the stump so cut out and diminished by peeling out the tumor that it is scarcely larger than the thumb. The uterine arteries are next ligated on each side, the cervical canal burned out and then cut out in the shape of a cone. The next step is to pass sutures through it, avoiding the truncated canal and inside the cuff of peritonæum. The stump is now ligated right and left, the threads cut short, and both folds of peritonæum are stitched over the stump, the ligatures including both stump and peritonæum. Since making the above report, Leopold has operated on seven more cases, with one death on the eighth day from pulmonary embolism after standing up. The patient had suffered for years from severe menorrhagia, and the myoma had increased so rapidly recently and she had suffered

so much from persistent pelvic pain that an operation was performed at her earnest request. It would have been far better to have removed the ovaries two or three years previously. Leopold emphasizes the danger of operating after long continued hæmorrhage, as very rapid degeneration of the heart muscles is not infrequent and the operative treatment of myomas requires the most careful individualization. Leopold is firmly of the opinion that vaginal hysterectomy is better borne than the abdominal operation, and the former might be attempted in an anæmic patient when the latter could not be sanctioned. The degeneration of the heart muscle is due not only to the hæmorrhages but to the depression of general vitality by large tumors and loss of juices of the body. Myomas larger than billiard balls should not be extirpated by the vagina.—*Ibid.*

CURETTING AFTER ABORTION.—Dolérís advocates the immediate use of the curette when the very first signs of infection occur. It is a well-known fact that for a time the disease is limited to the endometrium, and it is in this early stage, before infection has spread beyond the uterus or become general, that energetic local treatment of the toxins generated in the uterus is valuable.—*Ibid.*

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

CONDUCTED BY

CHAS. M. THOMAS, M.D.

SIMPLICITY IN THE TREATMENT OF NASAL OBSTRUCTIONS.—Dr. Spitzer (*Centralblatt für Therapie*) advocates simple measures in the treatment of nasal obstructions. In cases of hypertrophic rhinitis he prefers weak reagents, such as iodine and iodide of potassium to the ordinary astringents. In severe cases associated with induration, he recommends chromic and trichloroacetic acid, preceded by the application of cocaine. In this method, only small tracts should be taken in hand at each sitting. The galvanic cautery is also applicable, with the same precautions. After such treatment he closes the orifice with a cotton-wool plug, which is retained for twenty-four hours, and otherwise enjoins rest of the nose. Adenoids he separates from their attachments by means of Göttstein's circular knife, and he considers the removal with the finger insufficient. He condemns the modern anxiety to operate upon the nose with saws, chisels, etc., which should be resorted to only when absolute necessity exists, owing to the frequently occurring sinus, thromboses and meningitis. He also points out the inadvisability of general anæsthesia in such cases, and the inefficiency of the local effects of cocaine. All major operations are to be avoided when simpler means suffice.

HÆMORRHAGE FOLLOWING TONSILLOTOMY.—Philip de Santi, F.R.C.S., London, forms the following conclusions: 1. That fatal hæmorrhage after tonsillotomy is almost unknown. 2. That dangerous hæmorrhage is very rare. 3. That severe hæmorrhage, requiring styptics, direct pressure, etc., is very far from common; and 4. That moderate hæmorrhage is very fairly common and generally ceases spontaneously. It is also an accepted fact that the bleeding almost invariably occurs in adults, that it is often secondary, and that in many of the recorded cases it has followed the use of the bistoury.

In cases of hæmorrhage after tonsillotomy it will be found that the bleeding is usually traceable to some abnormality in the distribution of the bloodvessels of the tonsil. Of such abnormalities there may be mentioned: 1. Abnormal distribution of the ascending pharyngeal artery (said to have been wounded by Billroth while operating with a bistoury). 2. Abnormally large tonsillar artery. 3. Abnormal internal carotid. 4. Large vessel in the anterior pillar of the fauces. 5. Wound of a large venous plexus at the lower and outer border of the tonsil; and 6. Large patulous arteries in the substance of the tonsil.

If the hæmorrhage is severe enough to require treatment, the patient should be quietly reassured, kept perfectly quiet, and not allowed to use the voice at all; and he may be given small pieces of ice to hold in his mouth. Should the bleeding persist, the gallic and tannic acid mixture (one part gallic acid and three parts tannic acid) may be sipped by the patient or applied freely by the surgeon to the bleeding surface of the cut tonsil. If this fails, the bleeding point (usually one)

should be isolated and twisted with torsion forceps. Paquelin's cautery has been successfully applied. Finally, the stump may be ligatured *en masse*, with silk or silver wire, the patient being anesthetized, or one of the carotid vessels may be ligated.

The author concludes by emphasizing the fact that tonsillotomy is nearly always a safe and satisfactory operation, and very rarely followed by dangerous or even severe hemorrhage, especially in children; that the surgeon should, however, always bear in mind the possibility of alarming hemorrhage occurring, and should be prepared thoroughly to deal with it; and that for almost all cases, both in adults and children, removal of hypertrophied tonsils with Mackenzie's tonsillotome is applicable and gives the most satisfactory results.—*The Lancet*, January 13, 1894.

DENTITION, WITH DISEASES OF THE TEETH AS A CAUSE OF EAR DISEASE.—Dr. Laurence Turnbull, Philadelphia, states that every physician has found that eruption of the teeth is a cause of earache, followed by a discharge of pus and a laceration of the membrana tympani. Especially so when (as frequently happens) the teeth are so impacted that they cannot erupt, if not relieved by lancing the gums. Caries of the teeth is usually attended by both toothache and earache from extension of the inflammation into the ear by the Eustachian tube.

The following is a list of some of the diseases of the ear due in part or wholly to reflex irritation of the teeth: acute and chronic catarrhal inflammation of the middle ear; acute, subacute, and chronic purulent inflammation of the middle ear; otitis externa, alveolar abscess, and ozæna.—*The Medical and Surgical Reporter*, March 31, 1894.

HYDROGEN PEROXIDE A HÆMOSTATIC.—Brewer (*N. Y. Med. Jour.*) calls attention to this property of the drug. He has used it to arrest hemorrhage after operations upon the nose and throat and found it promptly effectual where other methods, including powerful chemical styptics and plugging, had failed. The ordinary fifteen-volume solution is to be applied either on a cotton swab or sprayed directly upon the bleeding surface.

COMPRESSION OF THE PHRENIC NERVE IN LARYNGITIS STRIDULUS.—Two patients affected with spasm of the glottis were treated by Dr. H. Bidon (*American Medico-Surgical Bulletin*, April 1, 1894) according to Lelviere's method of treating nervous hiccough, by compression of the phrenic nerve. The first case was in a young hysterical girl who, after a convulsive crisis, was so violently and persistently seized with spasm of the glottis, that a fatal issue appeared imminent. The author put his index finger between the two lower attachments of the right sterno-cleido-mastoid muscle and strongly compressed the phrenic nerve. The patient at once made a respiratory movement. The intermittent compression was repeated about five times a minute; the glottic spasm disappeared in about a quarter of an hour. The patient has had some attacks of the same kind since then, but the same compression of the phrenic nerve always proved efficacious.

The second case was in a confirmed tabetic patient. About ten minutes after every attack of spasm of the glottis, he felt a sudden constriction of the larynx and uttered a sound resembling hiccough; the suffocation gradually increased and he fell into a state of quasi-syncope. In this case, the compression of the phrenic nerve caused the attack to cease immediately; it recurred, however, on interrupting the compression; and after a few days all laryngeal trouble disappeared completely.

These observations appear to show that compression of the phrenic nerve is a good means of restricting, at least temporarily, the oft very dangerous symptoms associated with glottic spasm. Since the movements of the glottis do not depend on the phrenic nerve, it must be admitted that the sudden compression of this nerve acts indirectly, by provoking certain complex, or more or less generalized phenomena of inhibition.

THE VALUE OF SPRAYS IN THE TREATMENT OF CATARRHAL AFFECTIONS OF THE UPPER AIR PASSAGES.—Rice (New York) believes that the recent petroleum products, *e.g.*, benzoinol, glymol, lavolin (*not* lanolin), etc., are preferable to the old astringent remedies so long employed. Zinc and silver, tannic acid, etc., should never be sprayed into the anterior nares. They may, even in weak solutions, cause coryza,—purulent disease of the accessory sinuses and even of the middle ear.

The physiological action of the simple oily preparations is indefinite. They may be merely protective or may serve as a non-irritating vehicle for cocaine, iodoform,

pine needle oil, menthol, etc. Such combinations are first stimulating (capillary action increased), and later sedative and antiphlogistic. Too long a continuance of the oily spray leads to dryness of the mucous surface and a contraction of the erectile tissues, suggestive of atrophy. They will, however, so greatly reduce congestion that operative measures, at first apparently necessary, may be no longer called for. The best results in any case are obtainable only where the patient has been taught to use the up-tipped atomizer behind the soft palate.

SCOPOLAMINE.—Thomas R. Pooley, M.D., New York, concludes, after a brief trial of scopolamine, that it is of value as a mydriatic and cycloplegic in the examination of anomalies of refraction; that its action is more complete than that of homatropine, and of about the same duration and better than sulphate of atropine because its effects pass off sooner; that it possibly produces toxic effects oftener than homatropine, though this is denied; that the temporary amblyopia produced does not seem to be of much moment; that in cases of short attacks of inflammation of the cornea, especially in some of the suppurative type, it is of special value.

It is to be used in one-tenth to one-fifth per cent. solutions, which solutions correspond in dose to one-half and one per cent. solutions of atropine. Six to seven drops may be used daily in an adult, or it may be used every fifteen minutes during one or one and a half hours. With children, correspondingly weaker solutions are to be used. It operates best when used in divided doses.—*The Amer. Jour. of Ophthalm.*, March, 1894.

ACUTE CEREBRAL AMAUROSIS OF INFANCY.—Dr. William Gay reports several cases of this curious and so far unexplained condition. In certain cases, he says, absolute blindness is discovered when symptoms suggestive of meningitis are beginning to clear up, and no appearances can be discovered with the ophthalmoscope which offer any explanation of the fact. Such amaurosis is sometimes found after basic meningitis with cervical opisthotonos, and also after simple meningitis. Sometimes it follows a series of convulsions. Dr. Gay describes seven cases in all. In the first one there was a history of a slight, apparently cerebral illness, and twenty-three days after the commencement of this the child was brought to the hospital quite blind. There was no change visible in the fundus, and after treatment for a few days with mercurial ointment the blindness disappeared and the health became re-established. The second case was similar, and the patient also recovered sight perfectly. The third case had a condition of stupor succeeding a series of fits occurring in the course of whooping-cough. This was succeeded by otorrhœa on the right side and facial palsy. After this there were convulsions, and blindness remained present for three or four months, but sight gradually returned completely. In the fourth case also the amaurosis succeeded a series of fits without apparent cause. There was no improvement of vision during the time the child remained under observation. The fifth case was one in which the blindness followed a series of fits; vision greatly improved. In the next case the blindness was first noticed after an attack of cervical opisthotonos and unconsciousness. When the child came under observation the fontanelle was large and distended, and the head had grown considerably. No improvement in vision took place, and the disks became more and more gray under observation. The last case is a curious one—optic papillitis occurring in a patient the subject of chorea, and at the time he came under observation he was suffering from headache and vomiting. He also had had occasional loss of power in his arms and once in his legs. The symptoms subsided, and the disks were left perfectly normal in appearance. Nothing was found to explain the symptoms.

The first six cases are of one kind and very interesting. The suddenness of the onset of blindness, the mysterious nature of the illness, and the subsequent course—in some recovery, in others permanent blindness—all mark out the cases as of great practical as well as theoretical interest. It may be that there is some inflammatory condition of the optic nerves which clears up before it has been able to manifest itself at the disk, and, if that is so, the temporary blindness might be regarded as analogous to the sudden and frequently temporary amaurosis sometimes seen in cases of cerebral tumor with optic neuritis. The last case is interesting as an illustration of the completeness with which some cerebral symptoms may disappear, and as showing how optic disks may, after the acute condition has subsided, exhibit absolutely no trace of the acute inflammation which had once been present.—*The Lancet*, March 24, 1894.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,
FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

ANGOPHORA LANCEOLATA IN DYSENTERY.—This remedy is especially valuable in the chronic form of dysentery. It is also of great service in the constipation that so often follows an attack. The following symptoms were produced by a proving of the crude drug: After taking the drug in the morning, colicky pains came on toward the evening which lasted all the next day. The pains were accompanied by great bearing down, and a continual inclination to stool, but there was no evacuation. The pains continued, with bearing down in the lower bowel, and could be relieved only by lying down flat on the face. The next day there was an evacuation of a hard, dry nature, accompanied with small quantities of blood. The blood appeared to come at the end of the passage. Evacuations continued hard, with a general feeling of turgescence of the mucous lining of the bowels, with slight bearing down, and a frequent desire for an evacuation. For nearly a week after this, constipation was a prominent symptom, which terminated in nausea, sickness, and diarrhoea, accompanied with severe vertigo and extreme debility. The mucous lining of the bowels became very irritable, with evacuations tending to diarrhoea, and bearing down, the action of the bowels became very rapid. The appetite decreased, and headache, nausea, and great flatulent distension, became prominent symptoms.—*Homœopathic World*, March, 1894.

SPINAL IRRITATION.—*Agaricus*.—Stitches, soreness, aching, deep-seated. Burning in spinal location, generally in upper dorsal region. Worse from walking in the open air, and touch; better in bed.

Cimicifuga.—Drawing, tensive pain at point of spinous processes of upper three dorsal and cervical vertebrae. Excessive nervousness, often from reflex uterine troubles.

Hypericum.—Cervical vertebrae sensitive to touch. Paroxysms of terrible pain, especially after a fall on the coccyx.

Phosphorus.—Dorsal spine sensitive to pressure. Burning between the scapulae. Worse lying on the left side. Great prostration.—*American Homœopathist*, March 15, 1894.

MELILOTUS ALBA.—It is still undetermined whether the primary action of this drug is on the nervous system or on the circulation. It will relieve the irritability of nerves, and remove any local hyperæmia in a very few minutes after being administered. That its action seems to be primarily upon the nervous system would apparently be established by its promptness in arresting all forms of spasms as evidenced in eclampsia, epilepsy, and all forms of infantile spasms caused by teething or worms. All of these have been stopped in less than a moment's time, and a return always prevented except in epilepsy.

Its action on the capillaries and bloodvessels has been amply verified by its suspension and stopping of epistaxis in less than a moment; pulmonary hæmorrhage has been speedily arrested by its use. Its best or chosen range of action is on the brain, especially in insanity and all forms of spasms. It has cured many apparently hopeless cases of headaches.

Melilotus alba may be considered a specific for sick and oppressive headaches with congestion to the head and heart, epistaxis, congestion of the pleura, congestion to the spine, the lungs, and the ovaries; cramps in the stomach, spasms, menstrual colic, palpitation of the heart, and nervousness.—*Ibid.*

AMMONIUM CAUSTICUM IN MEMBRANOUS CROUP.—The provings of ammonium causticum show a most remarkable tendency to the formation of false membranes in the air-passages; more so than any other remedy in materia medica. In fatal cases of poisoning by the drug, we find that the great peculiarity of its action is the tendency to the production of croupous inflammations and exudations.

Among the symptoms found in our materia medica are the following: The nasal mucous membrane is found covered with false membrane. The posterior surfaces of the epiglottis and entrance to the rimaglottis are also covered with false membrane. The trachea and bronchi are covered with layers of pseudo-membrane.

The use of ammonium causticum is commenced as soon as the membrane is forming, and continued alone for two or three days. By this treatment the membranous development is checked and improvement soon becomes apparent. The writer, Dr. H. M. Bronson, uses the first decimal attenuation of the ordinary aqua ammonia of the stores, attenuated with water instead of alcohol, and gives four or five drops in a teaspoonful of water every hour continuously, night and day, until the membrane is removed. The first twenty-four hours of this treatment makes a marked improvement, and the second and third days' treatment removes the membrane entirely, and the patient recovers.—*N. Am. Jour. of Hom.*, March, 1894.

HYDRASTIS CANADENSIS IN NIGHT SWEATS.—Ninety-three cases of night sweats occurring in different types of disease were successfully treated by Olzewski with the fluid extract of hydrastis in doses of thirty drops three times a day. In only two cases did the remedy produce nausea so that it could not be borne. The night sweats occurred during the course of pneumonia, pleurisy with exudation, intermittent fever, and tuberculosis. In the night sweats of tuberculosis, relief was afforded in seventy cases out of seventy-three.—*Ibid.*

MOSCHUS.—This remedy is very valuable in hysteria and hypochondriasis. The patient imagines that she has some incurable disease; cannot sleep at night on account of palpitation of the heart or from a sense of suffocation. Anxiety, nervous tremulousness, and muscular twitchings accompany many complaints requiring moschus.—*Ibid.*

GERANIUM MACULATUM.—The clinical value of this remedy has been well established, although no provings have been made. Epistaxis is promptly arrested by syringing the nasal cavities with a solution of equal parts of the tincture and water, or better, by plugging the nostrils with cotton soaked in the solution. It has proved beneficial also in hæmorrhage from the stomach due to ulcer, seems also to relieve the pain. It has cured dysentery with mucus discharge, where *merc. corr.* though apparently indicated, has failed. It is particularly recommended in hæmoptysis with profuse flow of blood, in cases where the hæmorrhages have been frequent and violent.—*Hom. News*, Nov., 1893.

ATIMONIUM CRUDUM.—In the provings of this drug we have the following: The head becomes confused and burning, and shooting pains are felt in the left temple, the pain is most marked in the occiput and nape. Coryza is frequent, with a collection of catarrhal mucus in the nose extending down the pharynx and felt also in the larynx and trachea. There is occasional hoarseness, in some cases there has been an extreme feebleness of voice, and also a loss of voice whenever the person became hot. The bronchiæ are full of viscid mucus, respiration is hard and oppressed, the chest feels tight and full. The cough is at first dry and frequent, then rattling and wheezing with difficult expectoration.

The appetite is impaired, the stomach and intestines distended with flatus, food in some instances passes undigested, with a diarrhœa preceded by pinching pains. The head pains are always associated with the gastric symptoms.

Early in the proving the skin feels active, becomes warm, and this heat is followed by perspiration. Some redness is remarked behind the ears, the thin skin becoming scurfy. In the bends of joints, the scrotum, and perinæum, itching is felt; there is a scarlet rash which becomes pustular, scabs, and dries off. During the whole proving there are more or less frequent tearing pains in the arms, especially in the shoulder and wrist joints; the joints of the lower extremities, particularly the knee, are swollen and feel tight.—*Monthly Hom. Review*, March, 1894.

TREATMENT OF PROSTATIC AFFECTIONS.—*Acute Prostatitis.*—Dr. P. Jousset, of Paris, stated that bryonia, pulsatilla and mercurius are the three chief remedies in

acute prostatitis. To these there may be added hepar sulphur and silica when it terminates in suppuration.

Pulsatilla.—The principal remedy as its pathogenic symptoms indicate and clinical experience has several times confirmed.

Bryonia and *mercurius* are indicated here as in the treatment of all acute phlegmonous processes.

Pulsatilla and *bryonia* are best prescribed in drop doses every two hours—a drop in a teaspoonful of water. *Mercurius solubilis* is given in the first trituration, four grains in seven ounces of water and a teaspoonful every two hours.

Some writers alternate *mercurius* with *belladonna*, in the mother tincture.

When prostatitis terminates in suppuration *silica* and *hepar sulphur* are useful as the two chief remedies.

Hepar sulphur has the peculiar characteristic of favoring of opening of abscesses. Hence it is to be preferred before the pus discharges, but opening by the knife may be done as soon as the pus is discovered. It should be opened early on account of the tendency to burrow through the cellular tissues between it and the rectum down into the buttocks, the abdominal region or into the peritoneum. It may be evacuated either through the rectum or the perinæum. *Silica* is indicated in suppuration and should be given until definite healing has taken place.

Treatment of Prostatic Engorgement.—*Thuya*, *conium* and *secale cornutum* are the principal drugs. To these may be added the iodides of soda and potash, as they are the principal remedies in arterio-sclerosis. Prostatic engorgement, according to Prof. Guyon, is an affection dependent upon arterio-sclerosis. In these cases the writer prescribes two grammes—grs. xxx.—in four ounces of water, and of this a teaspoonful, in a little water, twice a day.

Clinical experience is the only basis for the recommendation of *secale*, *conium* and *thuya*. Hygeinically, one should avoid sitting for a long time, long journeys in a buggy or a railroad car, and every day one should walk several hours. Leave off alcohol, highly spiced foods.

Treatment of Spermatorrhœa and Impotence.—He includes these two affections under one head, for, after, elimination of impotence due to castration or that of congenital origin, it is always a consequence of spermatorrhœa.

Agnus Castus.—This drug is recommended by tradition as an anaphrodisiac but it now has fallen into oblivion. As it produces, in a normal man, weakness of the genital functions, spermatorrhœa, with absence of venereal appetite and erection, it may be of service in this disease. Drs. Stapf and Marey claim to have cured cases of impotence, with spermatorrhœa, with this drug. The sixth dilution.

Ammonium Carbonicum.—This drug produces an exaltation of the venereal appetite, with continual erection and pain in the testicles, but it also induces a certain degree of impotence with spermatorrhœa. The characteristic is relaxation of the scrotum, with sweat. Both the high and low dilutions have been recommended.

Lycopodium.—Dr. Roth has obtained a recovery, with this drug. It produces venereal excitement with subsequent impotence. Twelfth to the thirtieth dilution.

Staphisagria.—Dr. Richard Hughes has obtained cures with this drug where the affection was due to irritation of the *veru montanum*. In its pathogenesis one finds impotence and spermatorrhœa. The lower dilutions.

Sulphur.—Jousset has obtained a cure with sulphur. Its pathogenesis presents impotence and spermatorrhœa with coldness and bluish color of the penis, retraction of the glans and prepuce. The thirtieth dilution.

Baryta Carbonica.—Dr. Madden has cured a case with this remedy. Hughes recommends the high dilutions.

Conium Maculatum.—Spermatorrhœa and impotence, with sweat on the genitals. It is especially indicated where the disease is due to masturbation. The first six dilutions.

Capsicum.—Impotence with a sensation of coldness in the genitals. The sixth and the twelfth dilutions.

Hamamelis.—Spermatorrhœa with impotence and cold sweat on the scrotum and a hypochondriac state. The first six dilutions.

Selenium.—This drug produces the best picture of spermatorrhœa and impotence. There is itching of the genitals. Twelfth to the thirtieth dilutions.

Arsenicum.—In small doses, this drug produces venereal excitement but in its secondary effect it induces numerous emissions, then spermatorrhœa and impotence.

Plumbum also contains impotence among its secondary effects.

Opium.—In its primary action this drug produces a lascivious excitement of the genital organs but this is soon replaced by absolute impotence as one may observe, in opium smokers. The first three dilutions.

Hyoscyamus.—The three solanaceæ all produce spermatorrhœa and impotence. But this latter symptom is most marked under hyoscyamus. The solanaceæ produce, with toxic doses venereal excitement, with small doses, impotence. Hence the latter are indicated in treatment of impotence.

Hygienically, one should advise a tonic and nourishing diet, without any exciting ingredients. No tea, coffee, alcohol. Gymnastics, hydrotherapeutics, cold baths and especially sea-bathing. But moral hygiene is especially to be followed. The patient should renounce his bad habits and avoid all sexual excitements.—*L'Art Médical*, No. 1, 1894.

BRYONIA IN MORNING SICKNESS.—Mrs. —, blonde, 30 years of age, mother of three children, pregnant two and one-half months, suffered distressingly from "morning sickness" lasting all day. Could hardly rise from bed, look after her domestic duties, turn in bed, or eat anything whatever. The nausea was constant, asleep or awake. Frothy foam rising all the time, constipated, anxious lest abortion be brought on by the distress, and heaving and retching she had constantly to go through with. *Pulsatilla*, *ferrum phos*, *ipeacacuanha*, *cocculus*, and other remedies were tried without relief. Finally, noticing that every time she moved she would turn deathly sick, *bryonia* was given in the sixth decimal trituration. The effect was almost magical. After three or four days continued use of this remedy, the nausea from which she had suffered all the way through pregnancy, disappeared, and there has been no return to this time, three months later.—*Ibid*.

BACILLINUM IN LUPUS EXEDENS.—An elderly lady suffering from lupus exedens, had been prescribed for by Dr. Wm. Lamb for some time with very unsatisfactory progress. *Bacillinum* was then given in the 201st potency, one drop of which caused such medicinal aggravation that she first thought of taking no more, but after a few days she ventured upon half a drop, which agreed and two more doses healed the part up completely. Her general health has improved wonderfully.

Another instance is that of a boy, eleven years old, who was reduced to the last extremity by tubercular ulceration of the intestines. His disease had resisted three allopathic physicians before the writer was summoned, and as he was so far gone, the parents asked for consultation with another physician (allopathic), which was granted. His verdict was to give the boy all the nourishment he could get, but that there was no hope for him. However, he was given *bacillinum* 200, one minim every eighth day. His recovery took place steadily, and from being skin and bone with constant abdominal pain and vexatious alvine discharges of blood, feces and pus, he has become well nourished, and has lost his pains, etc., entirely.—*Hom. World*.

METHYLENE BLUE AND CHROMIC ACID IN EPITHELIOMA.—Darien recommends successive applications of methylene blue and chromic acid to benign forms of superficial epithelioma, where surgical procedures are objected to. The applications are not painful, and a speedy cure without deformity usually results. Before applications are made, all crusts are removed by antiseptic poultices. The parts to be cauterized are then anesthetized by the application of compresses saturated with a solution of cocaine. The diseased portions are then painted with: R. Methylene blue, 1 gramme; Alcohol, 5 grammes; Glycerine, 5 grammes. The surface stained blue is then touched with a steel probe dipped into a 1 to 5 solution of chromic acid; this produces a purple reaction. The applications are to be made once in four days, and continued for three weeks or two months, according to the extent of the disease.—*Universal Medical Journal*.

SULPHATE OF COPPER IN SYPHILIS.—Surgeon Price, U. S. N., has experimented considerably with this salt in syphilis, and believes that it exercises a specific action in this disease which is especially directed to the lymphatic system. He claims that it prevents the development of mucous patches and throat symptoms. The average dose is one-thirtieth of a grain three times a day. In syphilitic cachexia he advises one ten-thousandth of a grain once a day.—*Medical Record*, Feb. 3, 1894.

THE HAHNEMANNIAN MONTHLY.

JUNE, 1894.

PRIMARY HOMŒOPATHIC MATERIA MEDICA.

WM. A. SEIBERT, M.D., EASTON, PA.

(Read before the New Jersey State Homœopathic Medical Society, May 1, 1894.)

THE object of this paper is not to outline a new *Materia Medica*; on the contrary to protest against the multiplication of these books. Our purpose is to make briefly a few suggestions regarding primary work in *Materia Medica*, and to draw particular attention to a field more or less neglected because preliminary to *Materia Medica* proper.

In our anxiety to get at the herculean labor of mastering the important matter beyond we are prone to entirely neglect the very rudiments of *Materia Medica*. Proficient general preliminary education does not presuppose familiarity with technical names and methods, and painful evidences of neglect and consequent ignorance in this respect are rife among homœopathic graduates. The spelling, pronunciation, abbreviation, synonyms, and common names of remedies together with prescription writing, constitute what might with propriety be called the grammar of our *Materia Medica*, and should not be despised. Another group of elements is pharmacopœial, as—for the vegetable remedies, for instance—the botanical groupings, habitat, parts used, drug power of tincture, and methods of preparing dilutions and triturations. Still another valuable group of facts

to be acquainted with is the physiological dose, the names and doses of the alkaloids and other important products of each remedy studied. The methods of preparing the various remedies present sufficient uniformity, and the physiological dosage becomes so readily familiar, that this mass of facts is not so voluminous nor so difficult to master as it might appear. And it is enviable knowledge.

Supposing this to be the matter to be learned, the question of method arises. The acquisition of knowledge depends in a great measure upon its methodical arrangement. This arrangement of knowledge can best be done by each for himself, but then it becomes the best evidence of its comprehension and the greatest aid to its availability. Once methodically arranged the labor is memorizing "body, soul and breeches"—actually and entirely committing to memory. Finally, a method of regular reviews must be instituted because repetition is the most important aid to recollection. One of our greatest failings as students is after all a form of laziness, or cowardice if you please, and we find ourselves spending more time inventing some circumvention of the stern duty of the hour than would be required to perform double the labor in question. Much trouble is due, we admit, to errors of judgment in this respect, for the proposition to commit it all to memory may resolve itself into a *reductio ad absurdum*—as for example when we set about faithfully committing the *Cyclopaedia* to memory. But judgment and memory need to be handmaids in this as in any other undertaking that is to have a successful issue. By way of recapitulation the steps are—first, the judicious selection of matter, then its methodical arrangement, then committing it entirely to memory, and lastly repeated reviewing.

By way of illustration merely we append such a method of arrangement as we have found practicable, and although only two (2) natural orders of vegetable remedies are treated at random and for no reason preferred, some popular flagrant errors become apparent upon examination.

II.

Work in *Materia Medica* proper is necessarily upon an entirely different plan, yet here again we presume the best methods are those that are formulated by each for himself; and then, what is most essential, carried to completion. Moreover, judicious selection of material, systematic arrangement of it, memorizing and reviewing, constitute here also the steps leading to successful study of *Materia Medica*. The memory and recollection of what he has selected

NATURAL ORDER Name and Pro- nunciation.	Abbreviat.	Synonyms.	Common Names.	Habited.	Parts used.	Dose (m.)	Units	Allopathic Dose.	Antidotes.	Dose.	Important Preparations.	Dose.
RANUNCULACEÆ: Aconitum.....	Acon.	A. Napellus.	Monks-blood. Wolf's bane. Aconite.	Higher Alps of C. Eu.	Whole plant, except root, gathered at flowering time.	℥ i ℥ ii	I. II.	Tr. Acon. Fed. 1-16 Rad. 1-5 FL. Ex. " 1-5	Aconitine or Aconitia	grs. ℥ i to ℥ ii		
Hydrastis.....	Hydr.	H. Canadensis.	Golden seal. Orange root. Yellow root. Yell'w puccoon	N. and W. U. S. In rich woods.	Fresh root.	℥ i	III.	Tr. Hydr. 30-40. FL. Ex. " gr. 8-30.	Hydrastinine or Berberine	1 to 15		
Staphisagria.....	Staph.	Delphinium S.	Larkspur. Staves acre. Loose seeds.	S. Eu.	Ripe seeds.	℥ i	IV.					
Helleborus.....	Hell. n.	H. Niger. Veratrum Ni- grum.	Blackhellebore Christmas rose.	Mts. of Eu.	Dried roots.	℥ i	IV.	Tr. Hell. m. 10-15. FL. Ex. " 5-15. Ext. " gr. 2-3.	Helleborein or Helleborine	℥ i to ℥ i		
Ranunculus.....	Ran. b.	R. Bulbosus.	Buttercup Crowfoot.	Our pastures in May and June.	Fresh plant.	℥ i	I.					
Pulsatilla.....	Puls.	R. Sceleratus.	Galeery-leaved buttercup. Cursed crowft.	June to Aug.	Fresh plant.	℥ i	III.					
		P. Nigricans. P. Pratensis.	Mud flower. Meadow Ame- none.	C. and N. Eu.	Fresh plant in flower.	℥ i	III.	Fl. Ex. Puls. m. 2-10.				
Actæa Racemosa.	Actæa. Cin.	P. Nuttalliana.	Pasque flower.	N. A., east of Rocky Mts.	Fresh plant in flower.	℥ i	III.					
		Cimicifuga R. Macroris R.	Black cohosh. Black snake r't. Saway root.	U. S., June and July.	Fresh root.	℥ i	III.	Tr. Cim. m. 30-60. FL. Ex. " 8-30.				
Actæa Spicata.....			Rattle weed.	Eu. and Asia.	Fresh root.	℥ i	III.					
		C. Erecta.	Banberry. Herb Chr' Uph'r Virgin's bower.	Eu. and Asia. Woods. C. and S. Eu.	Fr. le v's & s's.	℥ i	I.					
Glématis.....	Glém.	Parayer Som- niferum.	Opium. White poppy. Laudanum.	Native of Asia, and extensive- ly cultivated. Black op. from Smyrna is best and used in homœopathy.	Unripe cap- sules dried; inspissated; juice.	℥ i ℥ ii	IV. VII	gr. 1. Tr. Op. m. 5-25.	Morphine, Codeine, Apomorphine, Narcotine, Thebaine, Apomorphia Sulph.	gr. ℥ i to 2 ℥ i to 2 ℥ i to 2 gr. 1-4 gr. 1-5 gr. 1-1		
Chelidonium..... (Kebdom.)	Chel.	C. Majus.	Celandine. Tetter wort.	France & Ger. Waste places.	Fresh plant.	℥ i	I.					
Sanguinaria.....	Sang.	S. Canadensis.	Blood root. Indian paint. Tetter wort. Turmeric. Puccoon.	America.	Fresh root.	℥ i	III.	Tr. Sang. m. 15-60.				

should be the entire aim of a student's work in *Materia Medica* and systematization fertilizes this otherwise barrenest of deserts. In this instance proper arrangement should furnish all the grateful aids to successful memorizing as the sequence of symptoms, the classification of remedies and symptoms, their comparison for similarities and differences, the analysis of symptoms, often the physiological or pathological explanation of their existence, and that most important aid to memory—repetition.

It would seem as though the course of study generally pursued were the true course reversed. Memorizing of characteristics should be a later accomplishment, and a study of the original provings the very first step for a beginner. There are two evident reasons for this transposition of horse and cart. First, the characteristics are fascinatingly few compared with the cyclopædic mass of symptoms contained in the provings. This is apt to mislead students into an improper course of procedure and a flagrant abuse of the memory. Simply because the characteristics are fewer in number is not conclusive that they are more easily comprehended and remembered than a much more numerous array of symptoms in narrative form as in provings. Furthermore, characteristic symptoms alone are sufficiently numerous to make one envy the memory of Magliabechi, librarian of the Duke of Tuscany, who could accurately reproduce from memory all he could read, and he would probably have ignominiously failed had he lived in these *Materia Medica* days. The second reason for the general mistake of studying characteristics before provings is an imperfect comprehension of Hahnemann's instruction for prescribing (*Organon*, § 153), that the characteristic symptoms of a disease be fitted to the symptomatology of a drug. It is partly due to our American haste to prescribe as soon as possible, and to a mistaken conception of the profundity of the word "characteristics."

Cowperthwaite, for example, in his preface to his *Materia Medica*, says, that for practical study we may designate those symptoms which occur often in provings as "characteristics." Dunham, on the other hand, in his *Lectures on Materia Medica*, says that a symptom or collocation of symptoms possessed by a drug alone, and which serves to distinguish it from all other drugs, is called "characteristic." These are, therefore, two quite different and contradictory applications of this term, and are undoubtedly the source of much confusion among practitioners as well as students. Cowperthwaite's "characteristics" are symptoms for the practical study of

drugs and for the selection of a group of remedies; whereas, Dunham's "characteristics" are the symptoms most useful in selecting the similimum out of a group. Both kinds of characteristics should be studied, but they should be kept distinct and separate in the mind. The same unfortunate confusion results from the similarity of expression and contrariety of signification in "symptoms peculiar to a drug" on the one hand, and "peculiar symptoms of a drug" on the other. Hahnemann, nowhere in the *Organon* designates symptoms of drugs as "characteristics," but for prescribing, calls them, in §118 (and note), particular and peculiar effects in the human body.

As was intimated, the study of materia medica appeals to the memory, and, consequently, in trying to learn the subject, we should invoke every aid to memory, as classification of remedies and symptoms, sequence of symptoms, analysis of symptoms, comparisons, physiological and pathological explanation of symptoms where possible, and repetition of the salient points. An outline of a thorough yet fascinating course of materia medica study is as follows:

1. Select a dozen or fifteen remedies for study; classify them into the three (3) classes, according to the natural kingdoms, and subdivide into branches, classes, orders, families, genera, species, varieties, etc.

2. Read the provings of a drug as contained in *Materia Medica Pura*, *Chronic Diseases*, and *Cyclopædia of Drug Pathogenesis*.

3. Review for recitation the sequence of symptoms, which can easily be done by simply reading a little more carefully than one would a newspaper narrative.

4. Select and write down those symptoms that seem "characteristics" of the remedy, *i.e.*, those symptoms frequently recurring in the various provings, observing a rubrical arrangement; and in writing them down, analyze each symptom under the headings suggested by Dr. C. Wesselhœft, *viz.*, kind of sensation, part affected, time and conditions.

5. Compare the result with the symptomatology of the remedy in a good text-book, as Cowperthwaite's, making additions and changes *ad libitum*.

6. Select now the grand characteristics of the drug—*i.e.*, those symptoms occurring most frequently. At this stage of study this will be an easy method, and will be done more intelligently than by the reversed method of studying characteristics first.

7. Study the physiological and pathological meaning of the symp-

toms according to Dr. Farrington's schema, thus getting a general as well as special analysis of the drug.

FARRINGTON'S SCHEMA.

Analysis of a medicine	{	Blood and bloodvessels.
		Lymph and its vessels.
		Nerves, brain, spine and sympathetic; muscles, tendons, ligaments.
		Connective tissue.
		Bones, cartilages and joints.
		Serous and synovial membranes.
		Mucous membranes.
		Skin.
	{	Organs.

By this time a fair knowledge of the drug is obtained in a pleasurable way and without having consumed more time than must be devoted to the thorough memorizing of the characteristics. The steps in this method are altogether arbitrary, and they can be modified in number and form, and better ones substituted for some; but we believe the method proper, because it invokes all the aids to memory, not excluding that most important yet often neglected one, repetition.

The method can further be pursued as follows:

8. Study the provings of another remedy of the same subdivision as outlined for the first remedy of the class.

9. Compare the two remedies by writing out

a. Special resemblances, and

b. Special differences.

10. Study the third remedy of the group as the first.

11. Compare this third remedy with each of the others of this class for

a. Special similarities, and

b. Special differences.

12. Compare the three remedies for

a. General resemblances;

b. Special resemblances;

c. General differences, and

d. Special differences.

13. After more drugs are studied, and even perhaps at this stage, the symptoms characterizing the class—or generic symptoms, as Dunham terms them—become apparent.

All the remedies of a class can be studied in this way without

performing anything like the herculean labor it would seem, and at the same time it is not an artificial system of mnemonics; but by the method of reasoning that is necessary to its accomplishment, the student must become the teacher of himself, and we may discern order instead of confusion, light instead of darkness, and an outline of a definite and consecutive chain of pathological processes, and consequently a clear indication for the use of the drugs in the treatment of the sick. It is not a mere repertory study, but a systematic study of each drug and of each group of drugs, but not to be comprehended by superficial investigators like Dr. Oliver Wendell Holmes, who asserted that "every remedy in the homœopathic *Materia Medica* has the same symptoms." It keeps more clearly before the mind the principles upon which our entire system is grounded, viz., the totality of symptoms: and yet it emphasizes the importance of the characteristic and peculiar effects in the human body, as though this were the ultimate aim of the entire method.

LITHÆMIA: ITS RELATION TO BRIGHT'S DISEASE AND ITS TREATMENT.

BY W. S. SEARLE, A.M., M.D., BROOKLYN, N. Y.

(Read before the Kings County Homœopathic Medical Society.)

EFFECTIVE management of this disorder depends largely upon correct views of its ætiology. And, since this is conceded to be obscure, remedial measures for its victims have, for the most part, remained tentative and palliative.

Even the latest writers admit a lack of positive views upon this point.

Osler (1892), says: "In the present imperfect state of knowledge, it is impossible to define the pathology of uric acid. It is generally conceded that it is formed in the tissues, and is a result of deficient oxidation, but it is unsettled whether it is a step in the formation of urea or has an independent origin. It is always present in diseased processes where oxidation is disturbed. For example, in affections of the lungs and in anæmia."

With this latter assertion I am unable to agree. I have now under treatment several cases of Bright's disease in which anæmia is a very prominent symptom. They exhibit some scorbutic charac-

teristics as well, but in none of them has uric acid appeared since they have been under my care and that is for many months.

Many writers still coincide with the opinion of Garrod, that uric acid is formed in the kidneys, and is not brought from the liver to the kidneys in solution in the blood.

Ebstein claims that the muscles and the marrow are the sources of uric acid. Others still refer its origin to the liver or to the liver and spleen.

Grauvogl includes lithæmia among the maladies which belong to his carbo-nitrogenoid constitution—a temperament, as you know, in which oxygen does not have its full effect or, at any rate, in which proper and necessary oxidation is not accomplished.

That there is such a temperament, hereditary or acquired, is doubtless true, and those who have it faint readily in crowded assemblages or in impure air. It goes without saying that these susceptible individuals are mostly women whose lung capacity is impaired by their manner of dress. But as all women dress in a similar way, and but few of them become faint under such conditions, it is probable that they, as well as men, differ in their temperaments as Grauvogl claims.

As to the remedies which he classifies as peculiarly adapted to this temperament, however, it must be said that not all of them are useful in lithæmic conditions, and I think it better and more philosophic to select our remedy in each particular case according to the law of similars than to accept his dogmatic classifications.

It seems to me that a strong light is thrown upon the origin of lithæmia and of some other conditions as well, by the views I expressed five years since in an essay upon "Sedentary Men and Stimulants," which was published in the *North American Review*. I there outlined a theory in explanation of the well-known fact that dyspepsia and biliousness are *par excellence*, the disorders of sedentary men and women, while they rarely afflict those who are termed the laboring classes. Since I also regard that philosophy as explicative of the origin of lithæmia I may be pardoned for summarizing it here.

The main and efficient cause of these maladies lies in the disturbance of the balance which should exist between food and the wants of the organism by the essential and unavoidable habits of sedentary life.

Physiology teaches us that the phenomena of life are accompanied by and dependent upon constant disintegration and waste, and equally constant renewal and repair of the tissues. It also informs

us that increased use of any tissue or organ involves increase of waste and consequent need of additional or more active repair.

But repair must come from properly digested and assimilated food. The more waste the more food.

Now food is practically invariable in its constituents. Each mouthful contains a fixed and definite proportion of elements—so much for the skin, so much for the muscles, so much for the brain, etc.

“Although problematical, let it be granted that this is a suitable proportion. That man has selected the best materials for food, and can properly prepare them for the stomach; but, are there no conditions, no premises here? Surely. And these are—physiological perfection in the individual, and physiological living by the individual. But where shall we find the normal man, and who lives or can live physiologically? We do not know a tithe of the laws of life, and constantly violate those we have discovered. Is it physiological to live in houses, to wear clothes? Is it right to retire and arise with the birds, etc.?”

“Our ignorance upon these and a multitude of similar points is very great. In short, to live in accord with nature’s laws is an utter impossibility. The demands of life, as we know it, will not admit of our compliance with even those we recognize as such.

“Let us now compare the conditions of the laboring and the sedentary man. The former wastes his muscles out of all proportion to his brain, while the latter does the exact reverse, and both thus disturb the relations which should exist between their food and necessary repair. The same food is set before both, and each must consume more than he needs for one portion of his body in order that he may obtain sufficient nourishment for another.

“To the laborer, this condition of affairs is comparatively harmless, for he cannot use his muscles without employing his brain to some extent, and an excess of material for so small a part of the body as the nervous system is easily disposed of by the various emunctories. But, with the sedentary, the difficulty is much more serious, for use of the brain does not necessitate muscular action; and forming, as do the muscles, the main bulk of the body, the disproportion is greater, and the injurious results more numerous and obvious.

“It is certain that sedentary men are quite as heavy eaters as laborers. Hospitable housekeepers, especially those who entertain the clergy, know what good feeders they are. They must eat largely

or fail to obtain sufficient brain supply from food which contains so little of it.

"The exceptions to this rule are those who consume the various so-called *paratriptics*—tea, coffee, tobacco, wine, etc."

The remainder of the essay referred to deals with the influence of these substances upon the conditions cited.

From such environments arise biliousness and dyspepsia, and by it is explained the fact that those disorders belong almost exclusively to sedentary men.

I think the same facts and conditions furnish an equally correct explanation of the source of uric acid, and the fact that sedentary men, who are addicted to the pleasures of the table, who add to their food liquid hydrocarbons in the shape of wine and beer, who are seldom in the open air, who are not compelled by physical labor to breathe rapidly and deeply, and who, many of them, have inherited the carbo-nitrogenoid temperament, are prone to become loaded with imperfectly oxidized material, which is transformed into uric acid. While those who are compelled to labor in the open air, and are limited in their diet, rarely suffer from that substance and its consequences.

It is hardly necessary to observe how thoroughly this philosophy coincides with well-known ætiological facts, and the general therapeutic measures, as to diet and habits which have long been accepted as necessary for the gouty and other sufferers from lithæmia.

Disproportion, then, between the food and the needs of the body, and a lack of oxygen, both resulting from the habits of sedentary people, together with an heredity, perhaps based upon and induced by preceding generations subjected to the same influences, afford an ample and rational solution of the ætiology of lithæmia.

They further indicate what dietetics and hygiene can do or aid in doing for patients of this class.

They also point out some of the drugs which are likely to prove remedial in this disorder, and warn the physician that in the treatment of patients of this class he must not rely wholly upon the prescription of medicines.

The relations of lithæmia to Bright's disease I have considered on a previous occasion, and later experience has only served to emphasize the opinions I then expressed.

You will remember that I remarked that "the presence of uric acid crystals in fresh urine should always be noted, as they have an important bearing upon the treatment. They seem to be exceedingly

irritating to the kidneys. In fact, so surely does an aggravation of inflammation in Bright's disease coincide with the appearance of uric acid, and so commonly is this malady found in those who suffer from lithæmia that it is reckoned one of its chief causal factors, and this diathesis must to some extent be corrected before we can hope to produce any curative impression upon our cases."

An excess of phosphates, urates, oxalate of lime, indican, sugar; appears to be tolerated by the kidneys without aggravation when they are inflamed. So, too, they eliminate, without perceptible irritation, many of the drugs which may be administered, even in massive doses, as well as the otherwise noxious elements of food, such as are derived from asparagus, onions, etc., but of uric acid they are intolerant to a high degree. It is doubtful whether any lithæmic person escapes interstitial nephritis in some degree, and parenchymatous nephritis is invariably aggravated when that substance complicates this disorder.

I have now under treatment a case of the interstitial variety in which a uric acid storm invariably reduces the quantity of urine excreted by one-half, increases the amount of albumin and causes the reappearance of the casts, which are not to be found when it is absent. For years, in this case and in several of the brothers and sisters, all of whom inherit this diathesis, the kidneys refuse to eliminate the large quantities of uric acid occasionally produced, and relief comes only through a copious diarrhœa. I have no proof that this substance can be found in the stools at such times, but I have no doubt that it might easily be detected there.

It is well known that, in advanced stages of interstitial nephritis in lithæmic patients, the skin eliminates the peccant substance, and that crystals of uric acid are found upon its surface to a large extent.

The question whether gout and lithæmia are essentially the same disease is a very interesting one, but we cannot here fully discuss it. Certainly many persons suffer long and severely from lithæmia who never develop gout. It may, however, be accepted that the gouty are all prone to an excess of uric acid, or rather of urates.

Without going further into the matter, perhaps I may express the opinion that gout is lithæmia *plus* a leucomäine, which is peculiar to it. Those of the lithæmic, in other words, who for any reason produce this specific leucomäine, develop gout, while the rest do not.

That every person develops some volatile element, which is so perceptible to the keen olfactory nerves of the dog as to enable him to detect his master or others even by their footprints, is a very familiar

fact. Something of this sort, I take it, is what, for want of a better title, we call a leucomäine.

But we must not farther pursue this line of thought.

TREATMENT.

Upon the subject of diet in lithæmic cases I can add nothing to the store of our knowledge, though I feel sure that the food which is best for one patient may not agree with another.

As a general rule, lithæmic patients should discard sweets, starches and fats.

For many years authorities upon this subject have condemned meats as injurious. But, of late, this idea has been, at least, partially abandoned.

I will not, however, waste time over this or other points in dietetics. Any of the later works upon this subject furnishes all necessary information.

I have previously spoken of the natural Carlsbad water or its salts, of which, I think, the effervescent preparations lately introduced are best. The Pullna, Hunyadi, Friedrichshall and Marienbad are also useful. Of our American waters, the Congress and Hathorn are most effective.

Of all mineral waters those are best which contain large quantities of chlorides as well as sulphates.

I am unable to discover the usefulness of the much vaunted lithia waters in this malady. As I have elsewhere said, many who go to springs of this sort are benefited, but in my opinion, it is not by the water they drink but by the change of habits, climate, etc. At any rate, drinking lithia water at home has never proved of any use to my patients.

Sir William Roberts remarks that "though lithia is a beautiful solvent of uric acid in the test tube, yet, when given by the mouth, it never reaches the uric acid at all, because it at once forms an insoluble compound with phosphate of soda in the blood, and thus even diminishes the power of that fluid to hold uric acid in solution.

Similar remarks are appropriate regarding *piperazine*, one of the laboratory evolutions of a recent day. It has been invented and advised as a remedy for gout and the uric acid diathesis generally upon the same test-tube basis as was lithia.

As a solvent for uric acid and perhaps phosphatic calculi in the bladder, and possibly, though not certainly, as a solvent for calculus in the kidney, it deserves attention. But I have been able to find

few evidences in its brief clinical history of its real value in these troubles, while its unknown relations to nephritis ought to make us hesitate before prescribing it in the complication of diseases we are now especially considering.

I have previously mentioned, with an approval which time confirms, the use of the "effervescing draught," composed of dilute lemon juice and bicarbonate of soda. It is very agreeable to most, is soothing to an irritable stomach, and is very effective in both lithæmic and uræmic conditions.

Very little has been said by therapeutists concerning the value of fresh air in the management of lithæmia, and yet, if it directly arises from sub-oxidation, one would suppose it would have received great attention. We are too apt to overlook the influence of living in houses, and of breathing impure and partially de-oxygenated air. The rigors of our climate demand such protection, and we become so accustomed to such confinement that we forget its evil influences.

It is said that those who have become accustomed to sleeping in the open air or in tents find it impossible to endure nightly confinement even in what we should deem well ventilated bed-rooms. And I have seen such wonderful results from the treatment of chronic lung disease in the open air that, so far as is possible and consistent with my other ideas of treatment, I am careful that my patients with Bright's disease, not only, but other maladies as well, shall breathe fully oxygenated air, especially if they are lithæmic.

Keeping the former in bed, as I do, for reasons elsewhere elaborated, I insist upon open windows, day and night, in the winter months, while in the summer, still more abundant ventilation is desirable. Into the sick room heat may be conducted to moderate the cold air, and, of course, warm garments are desirable and necessary on the part of both patient and attendants. *But fresh air must be had* though with some inconvenience and even risk.

I would not undertake a case of Bright's disease in one of these modern apartments heated by direct radiation from steam pipes. It is a cleanly, convenient and sometimes necessary way of heating but it is evil, and that only and continually, so far as health is concerned. Of course, flannel must be worn in bed or out, in summer and winter.

The question of exercise, as an aid to oxidation, and as lessening the evils above pointed out, which result from a disturbed balance between the food and the waste, is a difficult one.

As I have elsewhere shown, every unnecessary pulsation of the

heart by so much diminishes our ability to subdue the nephritis, and I am so sure of the malign influence of a quickened circulation that I never permit active exercise. Gentle horseback riding, very quiet rowing and slow but somewhat protracted walking in the summer, are all that I am willing to allow in any case. But you will often find that the benefit derived from these, in limiting the uric acid, is more than counterbalanced by the injury which inevitably follows from a quickened action of the heart. So that repeated examinations of the urine alone can guide our judgment in each particular case.

Specific Treatment.—Of the following study and recommendations it should be premised that they are, for the most part, *a priori* and theoretic. I can cite but a single instance in which I have apparently cured lithæmia. This was recorded as case VI. of my first series, as reported to this society. The man was of middle age, and the secretion of uric acid was so abundant as to result in a fit of gravel followed by abscess of the left kidney. This gentleman has entirely recovered from both these conditions, and I have been unable to find evidence of nephritis or of uric acid crystals in his case for the last three years. He still, at times, shows a little pus and a small amount of albumin accompanies it, as is natural. But that is all. His urine is otherwise normal. As the treatment of this case was before I began to keep accurate records, I am unable to remember with certainty what remedy I administered. I think, however, that it was *lycopodium*. I had the help of foreign travel, and of the waters of Wildungen, where I advised him to go during one summer.

From what I have observed in this and other cases, I am led to believe that the lithæmic diathesis, though one of the most refractory we are called upon to treat, is still amenable to the carefully selected homœopathic remedy *if assisted by careful diet and judicious change of habits and climate*. Of the ability of drugs alone to accomplish such a result, I am more than doubtful.

Entertaining such views, I have made the following study of our materia medica, and, imperfect though it be, it appears to me a step forward in therapeutics.

Permit me to add my hope that others, far better qualified than I, may be thus led to correct or supplement my poor endeavors, and thus aid in the task of relieving or curing those who are afflicted by one of the most obstinate and troublesome of disorders.

Argentum nit.—Grauvogl names silver, as well as the other chief metals, as being, among other drugs, competent to expel carbon and nitrogen from the body, and to take up ozone and transfer it to the oxidizable constituents of the blood.

In the pathogenesis of *argentum* we find "light-red urinary sediment," and Farrington claims that it has proven very useful in nephritic colic. Aside from this, I am unable to find in its provings any hint of lithæmia. The sphere of the drug is so fully a nervous one, and the diseases it has cured are so largely of that class, that unless lithæmia can be shown to have a nervous origin in at least some instances, I am at a loss to conceive how silver can be curative in such conditions.

Cimicifuga.—This drug is credited with the production of yellowish crystals of uric acid. That it is a leading rheumatic remedy is well known, and its pathognomonic symptoms are also familiar. I have never met with an instance of lithæmia, however, where it appeared to be indicated.

Chelidonium.—This, too, is a familiar friend, with whose character and abilities we are well acquainted. Its uric acid crystals are reddish-yellow, and the urine contains the bile acids as well. These latter give it a dark-yellow or brownish-red color, like beer.

Coccus cacti.—The urine under this drug is either ammoniacal or quickly becomes so. It is scanty and dark-brown or red in color. It is noticeable that it has clay-colored pasty stools (lyc.). (Though probably true in this instance that the light stools indicate a failure of liver secretion, still this is not always the case. Stools are, at times, decolorized in the intestines when the liver is faultless.) Clinically, it is credited with curing cases presenting an excess of uric acid or of urates with hæmaturia, accompanied by lancinating pains from the kidneys to the bladder. The cough of this drug is well known.

China and Chin. sulph.—Both of these substances include the liver and spleen in their sphere of action, and under the influence of both uric acid and urates appear. The debility, over-sensitiveness of the nervous system, the sweat and fever of intermittent character, etc., are all so familiar that they need not be rehearsed.

Lycopodium.—Of all drugs this should be chief in lithæmia. But yet, though its sphere is a wide one, prescription of it in a routine way will be productive of disappointment. Fortunately, its pathogenesis is so well marked, and it is clinically so well known, that one can hardly fail of applying it properly, and hence effectively. It is well to observe how closely it resembles *coccus cacti* in some respects.

Natrum mur.—This drug supplements cinchona. In cases de-

manding it we have the classical symptoms which belong to it—emaciation, exhaustion, dread of the open air, pulsations felt in the whole body, etc.

In cases where neither *cinchona* nor *natrum* alone are sufficient, an alternate use of both may be desirable.

Natrum sulph. is clearly a liver disturber, and is productive of uric acid. When it is indicated, there is acid dyspepsia, with flatulence of the stomach and heartburn. The liver feels sore, and the thin, liquid stool soon after rising, with rheumatism, which is aggravated by dampness, almost shouts its name to the homœopathist.

Phosphorus.—The fatty casts and epithelia and the blood-corpuscles in the urine, which render phosphorus appropriate, may also be accompanied by abundant urates, and perhaps also uric acid; so that we need not turn aside nor search for another remedy when these complications appear. The presence of uric acid in phosphorus gives us another differential point when this drug is compared with arsenic. For the rest, I have elsewhere spoken.

Ptelea acts powerfully upon the liver, producing sore sensations in it and even enlargement. It is credited with producing a mixture of urates and phosphates.

Plumbum, so far, has clinically proven a very disappointing remedy. One case in our literature was reported as benefited by it (S. A. Jones, M.D., vol. xii., *Observer*). The case was one of interstitial nephritis. It afterwards went into the hands of another physician, and the patient died in about one year under his hands.

Strumpel (*Text-book of Medicine*, 1891) remarks that there is a mysterious connection between gout and chronic lead-poisoning. He says it is a well-established fact that typesetters and housepainters are subject to genuine gout, with deposits of urates in the joints. Observations like this are not thrown away upon homœopathists. But yet, so far as I know or can learn, our literature shows no case of lithæmia, nor of Bright's disease complicated therewith, which has been even modified by *plumbum*. It must be that the remedy has been improperly selected, and that if we could distinguish its pathognomic symptoms, we should be able to prescribe it successfully. I regret that, as yet, I cannot point them out.

Sepia.—Here again, we have a remedy the action of which is so profound and lasting that it affords hope of permanence when uric acid disappears under its use. It is quite needless to review its distinctive symptomatology here. But, when truly homœopathic, we may look for slow but radical change for the better in lithæmia.

Spigelia.—This is another remedy whose sphere of action is chiefly confined to the nervous system, which is credited with the production of uric acid deposits in large quantities. This appears to me to be a mistake. I am the more confirmed in this opinion from the fact that this drug brilliantly cured some symptoms under which a lithæmic woman was laboring; but, though from its pathogenesis I hoped for as brilliant results in the urine, I was completely disappointed.

Is it not probable that the presence of uric acid as well as of many other symptoms, supposed to have been produced in the proving of drugs, were simply expressions of diatheses originally belonging to the provers, incidental to the provings—not essential to them?

Sulphur.—Although somewhat aside from our direct purpose, I cannot refrain from remarking upon the singular fact that burning brimstone was adopted by the sacred writers as typical of eternal punishment for sinners in the next world, while, in this, it is of all other drugs *the* remedy for moral obliquity. So that I have been accustomed to say that sulphur is the cure for “original sin” in both worlds.

It is universally recognized as the chief antipsoric, as Hahnemann would say, and the greatest of alteratives as the old school would put it. And of all the lithæmic remedies it seems most likely to effect a thorough and permanent change of the constitutional conditions which combine to produce an excess of uric acid and urates in the blood. “It seems,” says Farrington, “as if, in every case of disease of the liver in which sulphur is indicated, the patient cannot digest farinaceous food. Neither can he take milk; if he attempts to do so he vomits it. He has goneness, faintness, or gnawing feeling in the epigastrium, as if he must have food. When he gets it, he feels puffed up, heavy, sluggish, and so low spirited that he scarcely cares to live.” The flushes of heat and the morning diarrhœa, the sore, congested, and enlarged liver, and the skin affections, with many other familiar symptoms, go to make up a picture with which we are all familiar. The urine shows an increase not only of uric acid, but of urea, sulphates, and phosphates. It is offensive, and has a fatty pellicle. In short, I do not know of a drug which ought to be anything like as useful a remedy in lithæmia as *sulphur*.

This completes the list of remedies, which, from the pathogenetic side, I am able to suggest. But, from a clinical view of the matter, there are others which demand attention. Indeed, such an investigation ought to afford us even greater assistance, for the proving of

drugs could hardly be expected to go far enough to produce an excess of uric acid and manifest it by urinary sediment.

Of the drugs which have proven clinically effective none is more prominent than

Colchicum.—Prof. T. F. Allen says that “it produces symptoms of acute gout, quite apart from any direct modifications of the excretion of urea or uric acid.”

Farrington claims that “it has an especial affinity for the fibrous tissues, the tendons, aponeuroses of muscles, ligaments of joints, and even the periosteum.” Hughes boldly claims, that because it cures or relieves gout it *must be* homœopathic.

I must confess that I am not so unreasonable. Every one knows that this drug is a violent emeto-cathartic which produces, *as its primary effect*, the most extreme debility and even collapse, and in these respects closely resembles *veratrum*. In its primary effects it appears much more homœopathic to cholera than to gout. Indeed, it is reckoned homœopathic to that disease both in its inception and in the secondary or reactive symptoms manifested in cholera. And while its symptomatology stamps it as antipathic (not homœopathic) to gout, its clinical employment confirms and establishes the same conclusion. For all homœopaths who are accustomed to treat gout, as the English are, unite in saying that this drug must be given in full physiological doses. Hughes and Philips advise that twenty drops of the tincture should be put into six ounces of water, and a teaspoonful given every five, ten or fifteen minutes.

Holding these views regarding the action of *colchicum*, however much its administration may be desirable or necessary for acute gout, I should hesitate before prescribing it in the lithæmia of Bright's disease.

Of other drugs, the well-known erratic tendency of gout and general lithæmia naturally suggests *ledum*, *pulsatilla*, *kali bichrom.* and *calcarea phos.*

Dudgeon, upon a clinical basis, advises *bursa pastoris*, and the late Dr. Carroll Dunham made frequent use of *ocimum* in lithæmia, particularly if the patient was subject to pain in the ureters (Allen.)

Studies in rheumatic remedies should also be fruitful.

In any and all cases, however, if we would hope to cure, as well as merely palliate, we must keep as closely to the *similimum* as the nature of the disease will permit.

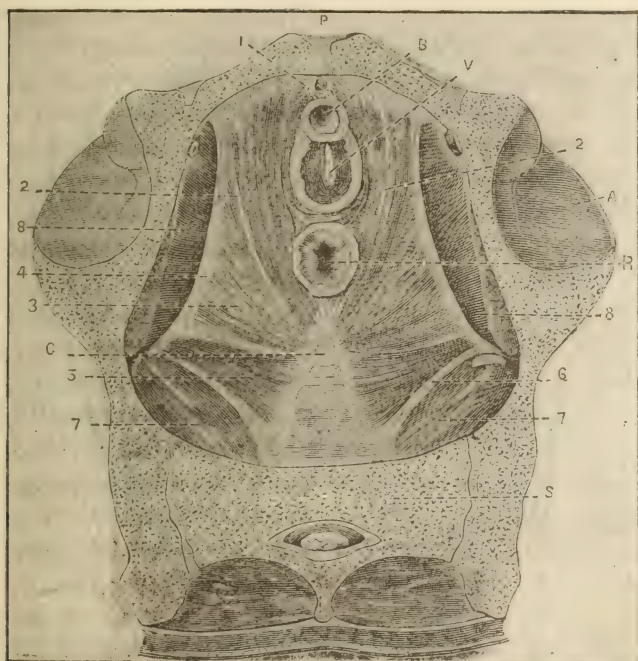
RELAXATION OF THE PELVIC FLOOR.*

BY JAMES C. WOOD, M.D., CLEVELAND, OHIO.

(Read before the Homœopathic Medical Society of the State of Ohio.)

I AM convinced, from a somewhat extended experience, that the average general practitioner does not appreciate the importance of, and very often does not recognize, the concealed injuries of the pelvic floor. The visible injuries are easily recognized, and the wisdom of immediately repairing them, unless insuperable obstacles

FIG. 1.



Dissection of the pelvic floor from above (*Savage*). *B*, neck of bladder; *P*, symphysis pubis; *V*, vagina; *R*, rectum; *C*, coccyx; *S*, sacrum; *A*, acetabulum; 1, anterior vesical ligament; 2, 3, levator ani; 4, ilio-pubic line of the latter; 5, coccygeal muscle; 7, pyriformis muscle; 8, obturator muscle.

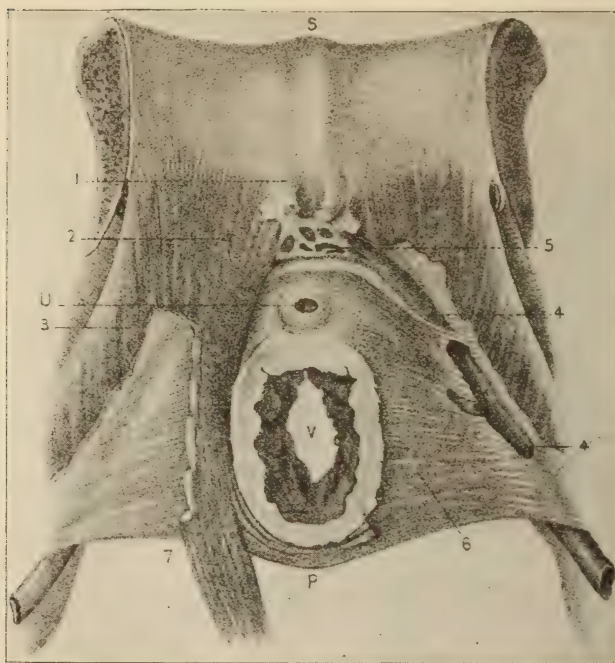
exist, is, I believe, denied by none. Unfortunately the concealed injuries, because of the physiological relaxation attending labor, often

* All but two of the illustrations contained in this article are loaned by Messrs. Boericke & Tafel, and are taken from Dr. Wood's recently published text-book.

escape immediate detection, and it is not until the patient is up and about that she suffers sufficient inconvenience from the unnatural condition to bring her to the specialist. I shall briefly describe the usual symptoms attending these injuries and refer to some of the methods which have been devised for their correction.

Anatomy.—In studying the anatomy of the pelvic floor it is im-

FIG. 2.



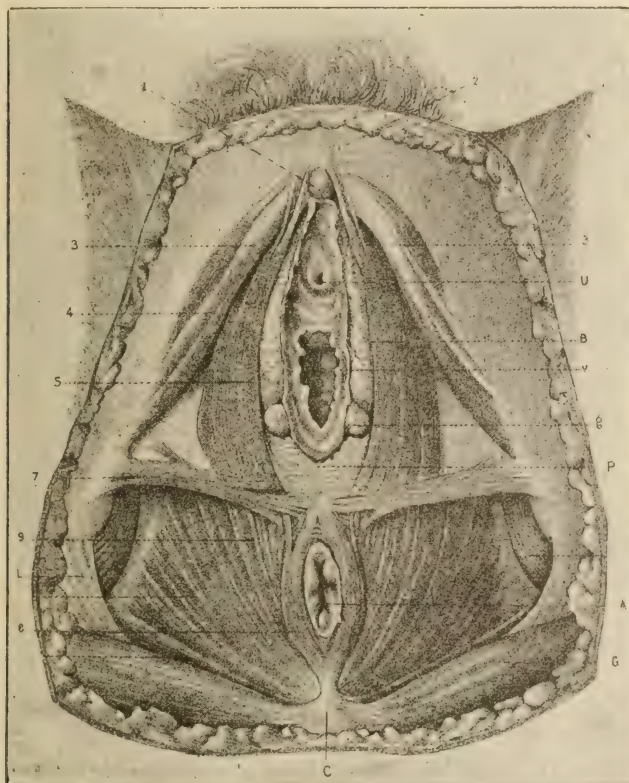
Perineal septum, posterior view, together with the pelvic attachments of the levator ani muscle (*Savage*). *U*, urethra; *V*, vagina; 6, posterior surface of the septum.

portant to bear in mind that its chief support is derived from the coccygeal and the levator ani muscles, together with their investing fasciæ. The levator ani (Fig. 1) arises from the posterior aspect of the pubes near the symphysis in front, from the posterior surface of the ischial spine behind, and between these points from the "white line" of the pelvic floor. From these attachments it sweeps downward and inward to become firmly attached to the walls of the vagina and rectum and to the tip of the coccyx. Between the tip of the coccyx and the rectum it blends with its fellow of the opposite side at the raphé. The series of fibers turning beneath the

rectum and vagina, intermixing with the lower circular fibres form the "internal sphincter" and the "retractor vaginæ" (Luschka).

The coccygeal muscles (Fig. 1), one on each side of the pelvis, take their origin from the spine of the ischium. They pass inward, gradually expand into broad, thin laminæ, which are inserted into

FIG. 3.



Di-section of the perineal body (*Savage*). *A*, anus; *B*, bulb of vagina; *C*, coccyx; *L*, large sacro-sciatic ligament; *P*, perineal body; *v*, vaginal aperture; *N*, orifice of urethra; *8*, vulvo vaginal glands; *1*, clitoris; *2*, its suspensory ligament; *3*, crura clitoridis; *4*, erector clitoridis muscle; *5*, bulbo-cavernosus muscle; *7*, transversus perinei muscle; *8*, sphincter ani externus; *9*, levator ani.

the lateral borders of the lower segment of the sacrum and to the sides and front of the coccyx. These two muscles are practically one and the same, though the levatores ani, because of their anterior location, are more frequently implicated in the injuries attending parturition.

The triangular ligament (Fig. 2) or perineal septum, fills in the pubic arch and consists simply of two layers of fascia. These are

attached to the osseous margin of the pubic arch and are pierced by the vagina and urethra. The portion passing posteriorly to the vagina can be felt, where the septum is intact, just within the vaginal orifice as a sling of fibers extending from one pubic ramus to the other.

The perineal body (Fig. 3) is a pyramidal, wedge-shaped body between the anus and the posterior vulvar commissure. It is the centre of attachment for the transversus perinei muscle; the anterior end of the superficial sphincter muscle; the ligamentum ischio-perinei; the median fibres of the bulbo-cavernosi muscles; the perineal septum below the vagina; and the inner median fibers of the levatores ani muscles. These several structures are fused together in the perineal body by a great accession of elastic tissue.

The importance of the perineal body as a supporting structure is variously estimated. This, in my opinion, is because anatomists have long considered it as a separate and isolated part of the pelvic floor instead of being, as it is, intimately connected with it by the

FIG. 4.



Diagram of vaginal outlet showing relations of the levatores, rectum, and vagina (Kelly).

combination of the various structures enumerated above. I do not believe that the transversus perinei muscle cuts much of a figure as a supporting structure, for in many women it consists of but a few insignificant fibers, which are entirely useless. However, the perineal body as a whole helps to sustain the posterior vaginal wall and the anterior rectal wall, thus preventing their prolapse, at the same time furnishing a support upon which the anterior vaginal wall and the bladder rest. Again, it directs the contents of the rectum during defecation backward, thus preventing the rectum from being forced into the vagina in the form of a rectocele, as it also prevents a cystocele by the support given to the bladder.

The fibers of the levatores ani hug in their embrace both rectum and vagina, as is shown in Fig. 4.

If these fibers are separated underneath the mucous membrane on either side at the raphé, the rectum will be permitted to fall away

from the vagina, thus weakening the pelvic floor and causing relaxation of the vaginal outlet. The distance between the ostium vaginae and the anterior anal border is actually increased, providing the fourchette has not been torn. The perineal body in these instances, although unnaturally deep, is weak and it is this condition which has undoubtedly given rise to the too sweeping assertion made by Kelly and others, that all deep perinæums are weak, whereas shallow short ones are strong. If the fibers of the levatores ani are neither separated nor relaxed the functional activity of the pelvic floor, as a whole, is preserved, whether the perinæum be deep or

FIG. 5.



Relation of levator, rectum, and vagina (diagramatic). Same, showing deep tear separating levator fibers from rectum in right sulcus. C, same, showing relaxation of outlet, separation on both sides; D, same, showing tear into rectum; levator fibers not injured (*Kelly*).

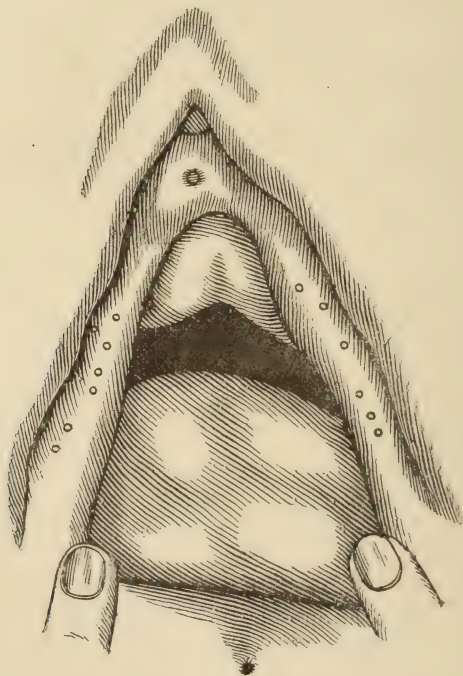
shallow. In the separation one sulcus is usually more extensively involved than the other, and indeed, the injury may be limited to one sulcus, as is shown in Fig. 5 B.

In simple relaxation the rectum is left uninjured. Should the tear extend into the recto-vaginal septum the muscular fibers of the pelvic floor are ordinarily not separated. (Fig. 5 D.)

Symptoms.—After the patient assumes the erect posture she will complain of discomfort on walking with a feeling as though the parts were protruding from the vaginal outlet. The uterus sags down and often, as time goes on, more or less procidentia takes place, the organ not infrequently presenting externally. More or less endometritis and metritis, because of the embarrassed circula-

tion, are usually induced, which give rise to leucorrhœa and menorrhagia. Disturbance of the stomach and bowels is rarely absent. The greatest point of resistance is at the sphincter ani muscle and the expulsive efforts are wasted on the outlet so that constipation becomes a prominent symptom. In due time a rectocele, or cystocele, or enterocele, or all combined, result. The entire pelvic circulation is obstructed and embarrassed by the sagging down of the tissues, and hæmorrhoids with vesical, urethral and rectal irritation, are common symptoms. Nervous phenomena of various kinds are rarely wanting.

FIG. 6.



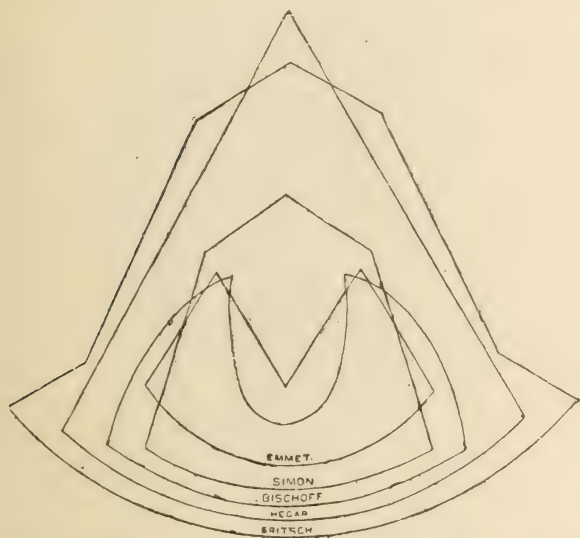
Showing Rectocele and Relaxation.

Upon placing the patient in the dorsal posture, and separating the labia on either side with the thumbs, the vaginal outlet will be found everted and gaping. Not infrequently the ostium is surrounded by a series of concentric wrinkles and there is a peculiar flatness of the crease between the buttocks in front of the anus. By passing two fingers into the canal the structures will be found lax and incapable of resistance; the separated muscles and fasciæ can be detected in one or both sulci. The uterus will be found low down

and not infrequently retro-displaced. By retracting the parts with the two thumbs the posterior vaginal walls presents itself in the form of a rectocele (Fig. 6.). If the patient be now placed in the Sims posture the gaping of the ostium will be most marked and the cervix easily exposed by making a speculum of the finger, or fingers. The perineal body may be entirely uninjured, or it may be torn down to the sphincter. If uninjured, it falls away from the vagina and the pubic arch, its depth, as already observed, being actually increased.

Operative Procedures.—Various operations have been devised for

FIG. 7.



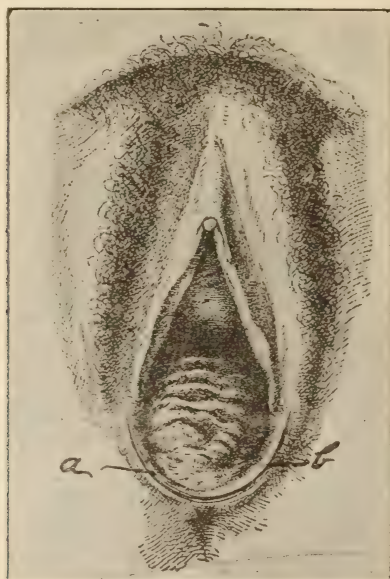
Superimposed diagrams of Fritsch's, Hegar's, Bischoff's, Simon's, and Emmet's operations.

the purpose of overcoming simple relaxation. Emmet was, I believe, the first to recognize the importance of catching the separated muscular fibers in sutures passed through the vagina. In order to accomplish this end, he utilizes the vaginal sulci, and his operation is considered by many almost, if not quite, perfect. My objection to it is, primarily, that it does not bring the divided structures together at the *median line*, which is their normal point of attachment, so that the median line of the vaginal axis is left the weakest point of the repaired floor. Again, the Emmet operation is a tedious one to perform, involves unnecessary loss of tissue, and does not re-

store the perineal body, should this structure be implicated in the injury.

Fritsch, Hegar, Bischoff, and Simon (Fig. 7), as well as many others, have devised areas of denudation within the vagina for the purpose of overcoming the rectocele and relaxation, all of which are unsatisfactory because no posterior median denudation can reach the separated structures, which are retracted high up in the sulci. Tait's flap-splitting operation, as ordinarily performed, restores the perineal body, but does not overcome the rectocele. I have, accord-

FIG. 8.



a, b, line of incision.

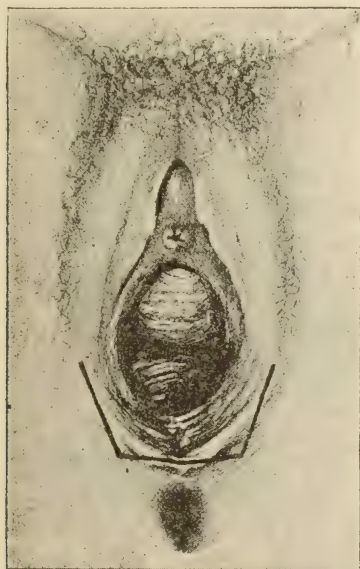
ingly, combined Tait's and Doleris's flap-splitting method with Schroeder's method of detaching the mucous membrane, and my own method of suturing, with results which to me are eminently satisfactory. In describing my technique I shall largely follow the description given in my recent work on gynecology.* I have now performed the operation more than one hundred times, and have yet to meet with my first failure. I proceed as follows:

The patient is placed in the usual lithotomy posture, with an assistant on either side who retract the labia with the fingers. The

* *A Text-Book of Gynecology*, Boericke & Tafel, 1894.

index finger of the left hand is carried into the rectum to serve as a guide. The character of the transverse incision will depend upon the extent of the perineal rent. If the perineal body is not torn, and the condition is one of simple relaxation, it is made with a pair of angular scissors close to the fourchette, and is carried below the mucous membrane only (Fig. 8). At the muco-cutaneous surface this need not be more than half an inch in width, the separation being carried laterally as far as is necessary underneath the mucous membrane. If the perineal body is to be restored, it is made ex-

FIG. 9.



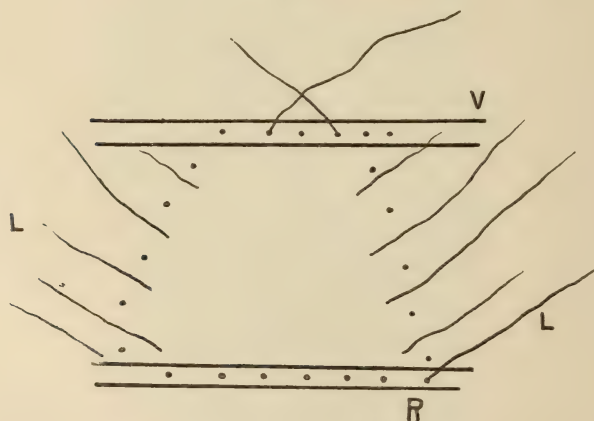
Flap-splitting operation for incomplete laceration of the perinæum; lines of incision (*Mundé*).

actly as in Fig. 9, with corresponding lateral incisions, except that the lateral incisions should not extend quite as high as in the original Tait operation, and, at their upper extremity, should extend into the muco-cutaneous border. In either event, the dissection, instead of being extended into the recto-vaginal septum for *half an inch only* (which is the extreme limit of the Tait operation), is carried as high as the crest of the rectocele, even though this requires a separation of two inches or more in depth. The dissection is carried well into both sulci, so that the divided muscles are exposed. The separation may be done with a pair of blunt-pointed scissors, with the

handle of a scalpel, or with the finger. I think it best to use the finger only, for the tissues are easily separated, and by tearing them apart the hæmorrhage is reduced to a minimum; there is also much less danger of penetrating either the rectum or the vagina than when a cutting instrument is used. This step of the operation is facilitated by catching the two flaps in catch-forceps and separating them; it can be completed in thirty seconds time. A stream of hot bichlorid should be kept playing upon the parts during the entire operation.

From one to three interrupted sutures (silver wire, silkworm-gut or catgut, as the operator may elect) are now introduced through the

FIG. 10.



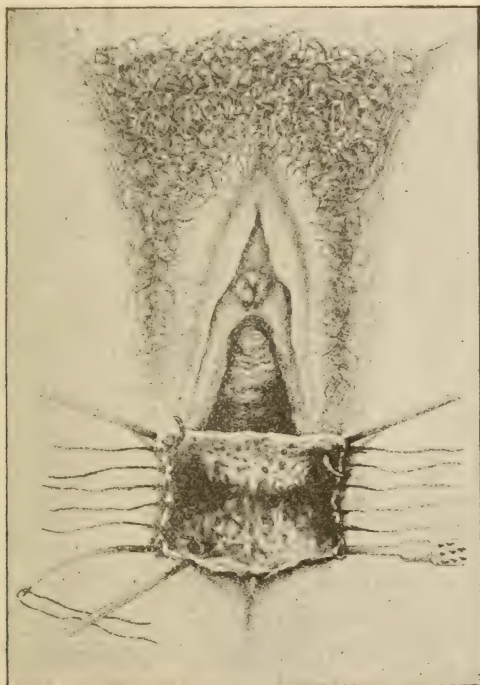
Method of introducing vaginal sutures (dotted represents buried sutures). *V*, vaginal flap; *R*, rectal flap; *L*, *L*, retracted fibers of levatores ani muscles.

vagina. These are passed in such a way that the needle is made to penetrate the vaginal flap a little to the left of the median line, when it is carried around the left sulcus, is buried in the rectal flap and made to reappear at the upper and outer border of the right sulcus, when it again penetrates the vaginal flap near the point of entrance (Fig. 10).

When the sutures thus introduced are tightened, the separated muscles and fasciæ will be drawn together under the vaginal flap. Formerly I utilized the sulci alone in passing the sutures, but the structures were not brought together in the median line, as they will be if the needle is made to entirely encircle the wound. From three to five sutures are now passed from the skin surface and secured by twisting (Fig 11). This will create a firm, solid perinæum, the depth of which will depend upon the lateral incisions. I next

remove a small triangular portion of tissue at the point of the newly-formed fourchette, bringing the edges of the triangle together with a running catgut suture, which is further utilized for the more perfect coaptation of the skin surfaces between the external wire sutures. Unless this be done, there will be left at the side of the newly-created commissure a superfluous teat of tissue, which

FIG. 11.



Appearance of external wound and introduction of sutures (*Mundé*).

is not of the slightest use for supporting purposes, and which is liable to give rise to more or less irritation upon walking and during sexual congress; this also insures the removal of all cicatricial tissue.

I claim for this submucous method of perineo-colporrhaphy the following advantages:

1. It is more simple and can be more quickly performed than can any of the colporrhaphies which necessitate the denudation of the

* Instead of the needle on the fixed handle, I use for this purpose the ordinary straight, round perineal needle.—J. C. W.

vaginal mucous membrane, especially if the denudation is made lateral. I have many times performed the entire operation in from five to eight minutes.

2. It conserves all tissue, except when a small triangle of mucous membrane is removed for the purpose of restoring the perineal body.

3. By conserving the mucous membrane the pelvic floor is greatly strengthened, while the rectocele is overcome perfectly.

4. The wound is entirely closed, except at the vaginal orifice, so that the possibility of septic infection is reduced to a minimum.

Let it be remembered that this is essentially a *submucous* operation. The separated muscles and fasciæ are drawn together *underneath the mucous membrane*, though the sutures are passed through the vaginal canal. The mucous membrane becomes firmly adhered to the underlying structures, which it holds together after the parts are healed, as a broad strip of adhesive plaster holds together the gaping edges of a skin wound. It does not create within the vagina the redundant columns of mucous membrane, as would seem to be the case upon first thought. On the contrary, it restores the vagina to nearly a virginal state, at the same time drawing the anus and the vaginal outlet toward the pubic arch more effectually than does any operation that I have ever yet performed or seen performed.

Since the injury is posterior to the vagina, it seems to me nothing could be more unscientific than an attempt to reach and overcome it by the usual plastic operations made by denuding the posterior vaginal wall. Unquestionably, posterior colporrhaphies do, in a measure, correct the deformity, but simple interfolding of the vaginal tissues cannot possibly accomplish what can be accomplished by approximating the torn structures by the submucous operation.

"SNUFFLES."

BY THOS. M. STEWART, M.D., CINCINNATI, OHIO.

Professor of Laryngology and Rhinology, Pulte Medical College.

(Read at the Thirteenth Annual Meeting of the Homœopathic Medical Society of Ohio Toledo, May 8 and 9, 1894.)

THE term "snuffles" is properly applied to obstructed nasal respiration, more particularly in children. Closely identified with the term is that dread affliction, syphilis in children.

Hereditary syphilis is observed in the nose at two distinct periods in the life of the offspring.

The early form shows itself between the second and fifth week, almost always within the third month of infant life. The later form may be found at any time between three years of age and puberty, and in female children it most often occurs at the latter epoch.

As the majority of cases occur within the first limit named, viz., from second week to third month we shall confine ourselves to a brief consideration of the disease in its early form.

The presence of the trouble is known by the appearance of the symptoms characteristic of a coryza. The nasal mucosa is red and swollen, and the discharge is at first watery, then muco-purulent.

Then we have the common phenomena of excoriation of nasal orifices and upper lips; fissures at angles of alæ of nostrils; the drying of the secretions in the nasal cavities, and the formation of crusts. Early in the trouble nasal respiration is obstructed, and the noisy breathing known as "snuffles" is the result. As a consequence, nutrition suffers, because the act of sucking becomes difficult, and at times impossible.

How then may we distinguish between the syphilitic form and the simple form of "snuffles?"

The syphilitic form runs a slow course, shows no disposition to subside, and differs in that important particular from a simple rhinitis. Examination of the nasal chambers will doubtless show mucous patches in the syphilitic form. The obstinate nasal catarrh in an infant should lead to an examination of the entire body for negative or corroborative testimony, and if the rhinitis be of a specific nature, the nates and genitals will usually afford additional evidence in the presence of papular eruptions. In some cases the hair of the head is shed shortly after birth, and this should arouse our suspicions. The shape of the nose, the "old" or weazened face expression, the dry, harsh and earthy-looking skin, all point away from simple rhinitis.

The presence of a foreign body in the nose might simulate the nasal symptoms of inherited syphilis, but here the obstruction would be confined to one side, the discharge would come from one nostril, and the excoriation of the nose and lip would be on one side only. We would rarely indeed meet with foreign bodies in each nostril.

Regarding treatment, all physicians recognize the fact that the constitutional treatment is all important. The great barrier in the way of its successful employment is the nasal obstruction, for this prevents the child from sucking or from taking its food properly.

Warm alkaline solutions sprayed into the nostrils will dissolve the crusts, and if followed with a spray of liquid cosmoline, the formation of crusts will be greatly prevented. In using the spray the infant should be laid across the knees of the nurse face downward, while an assistant injects the liquid into the nasal chambers with a bulb-tipped atomizer. If parts are much swollen a few drops of a four per cent. solution of cocaine may be instilled before using the atomizer. Just previous to feeding a solution of menthol, ten per cent., in olive oil, ninety per cent., may be applied with a feather, camel's-hair brush or still better cotton wound on a toothpick; this will relieve the erectile swelling temporarily and permit easy respiration during the feeding or nursing.

Small rubber tubing may be used to secure breathing space during respiration.

The local treatment here recommended is simply to further cleanliness and disinfection. Necrosed bone and other complications of a surgical nature must be dealt with accordingly.

COMPULSORY CREMATION.

H. J. RAVOLD, M.D., ST. JOSEPH, MO.

General Secretary, Missouri Institute of Homœopathy.

(Read before Missouri Institute of Homœopathy, St. Louis, April, 1894.)

THE general government has put in force during severe epidemics various rules intended to limit the spread of infectious diseases.

State boards of health and local boards also have done much to limit the extent of various diseases; but with all their precautions many infections have been merely suppressed, and they reappear from time to time when the effluvia from decaying bodies make their way to the surface of the earth.

Thorough researches have shown that the soil of cemeteries teems with the deadly germs, and when large numbers of people have died in a given year, it is reasonable to suppose that the germs from this mass of corruption will make their way through the porous soil and reach the surface simultaneously, and by their concentrated power produce another epidemic of the same character.

It is said that people who live in proximity to the large cemeteries of Paris, suffer from headache, sore throat and diarrhœa.

The growth of the larger cities in this country extends in many

places over the former location of graveyards, and the residents of these sections must suffer in some degree from the effluvia.

It is undeniable that diseased products percolate through the soil and finding their way to streams and wells pollute the water that is used for drinking purposes.

That a small quantity of the poison that produces typhoid fever is capable, when added to running water, of producing an epidemic of the fever, has been proven numberless times.

It has been also demonstrated that the nitrates and nitrites from decaying bodies give to water a "sparkling and crystal-like brilliancy," which to the uninformed would convey the idea of great purity.

Many instances might be cited to prove that the emanations of victims of scarlet fever, diphtheria, cholera, and other virulent diseases were the direct cause of many unnecessary deaths.

The objection that cases of poisoning could not be detected has very little weight. Such cases are exceedingly rare, and the symptoms of the poisons used for such purposes are well known.

Where one dies without attendance the coroner makes sufficient investigation.

To show the infrequency of criminal cases of poisoning, it is said that in 1889 in France there were 190,809 cases in the courts, and of that great number only five were cases of poisoning.

It is also said that the mineral poisons can be detected in the ashes after cremation.

The reckless manner of embalming bodies at the present day makes an examination of an exhumed body valueless, for who can say whether the poison was administered before or after death?

I take it for granted that no medical person of the present day entertains any sentimental or religious objection to this method of disposing of the dead.

Bishop Jenner said: "What is cremation, after all, but oxidation. That which, under ordinary circumstances, subsequent to burial, takes several years to accomplish, is thoroughly effected in an hour or two by the process of cremation; and if it was only possible minutely to watch the successive stages of both these processes, not only would every shadow of doubt as to which of the two was preferable for the disposal of the dead immediately vanish, but every trace of prejudice would vanish with the doubt. . . . The sole end and aim of cremation, as well as the process itself, is 'to purify and make white.' Whereas everything in connection with

burial, from its first inception to its horrid termination, is disgusting in the extreme, and tends only to corruption and filth."

It is unnecessary for me to enter into further details, which must be familiar to all of you.

The point I wish to make is this: inasmuch as the authorities have made vaccination compulsory, and have taken various measures to prevent the spread of infectious diseases, even to the stoppage of trains, and of mails, it seems rather ridiculous that they should neglect and completely ignore such an important consideration as the final disposal of the bodies of the victims.

We are wont to think of Australia as a primitive sort of an island, where civilization is in its swaddling-clothes; but, there are many things besides the Australian ballot law that we might adopt with benefit to ourselves and to our posterity; and the following is one of them:

"The Council of Hygiene of Victoria, in Australia, has adopted the following resolution: 'The chief of the health department is informed that the council advises the passage of a law authorizing cremation and permitting the head of the council to *order* the construction of crematories, in which shall be destroyed the bodies of persons dying from leprosy, yellow fever, or cholera.'"

It is to be devoutly hoped that our legislators, in the abundance of their wisdom, will soon see the necessity of providing for the disposal of dead bodies in a way that will not entail endless suffering on the generations to follow.

In conclusion hear the words of Sir Lyon Playfair: "I have been officially charged with the inspection of several cemeteries for the purpose of reporting upon their condition. The recollection of what I have there seen still makes me shiver. The tomb should be considered, with the eyes of science, as a crime toward the living and a dishonor to the dead."

A HYPODERMIC PURGATIVE.—Dr. J. Percy Wade, at the suggestion of Dr. Rohes, has made a study of the purgative action of magnesium sulphate when administered hypodermically. In selected cases he injected sufficient of a 2 per cent. solution of the salt to represent 1.86 to 4.5 grains. He found that one small dose, followed in a short time by a second small dose, more effective than a single large dose. The injections caused no unpleasant local or constitutional disorder. The subcutaneous injection of magnesium sulphate to induce purgation would seem indicated in cases of gastritis, when a purgative is required and the stomach rebels; in abdominal surgery, when the administration of a purgative by the mouth would be likely to cause vomiting; and in cases in which consciousness has been lost and swallowing is not possible.—*The Medical News*.

A STUDY OF THE PATHOGENETIC ACTION OF KALI BICHROMICUM
UPON THE KIDNEYS.

BY F. H. PRITCHARD, M.D., WEAVER'S CORNERS, OHIO.

THE study of this valuable and deeply acting remedy has been chiefly limited to its action upon the respiratory and digestive tracts, yet no one will doubt but that it has an influence upon the uropoëtic organs. In the works on homœopathic materia medica one will look in vain for any outlining of its action or sphere of usefulness in kidney diseases. Some four years ago I read a report of a case of fatal poisoning in the *Wiener Klinischen Wochenschrift* by this drug, where a man with suicidal intent, took a piece of the bichromate, and impressed with the symptoms and the pathological findings I have been watching the homœopathic literature, hoping that some abler man might elaborate its action, in this sphere. Having recently come across a quantity of literature I make a fragmentary attempt to define its action on the kidneys, with a hope that the attention of physicians and experimenters will be called to its renal pathogenesis. Burt, in his *Physiological Materia Medica*, Chicago, 1883, states, "that it has a specific and profound action upon the kidneys, producing intense congestion and inflammation and complete destruction of the tubular portions of the organ, so that it cannot be distinguished from the rest. The urine is purulent or completely suppressed." "It has," he says, "been of great utility in the suppression of urine from Asiatic cholera and in catarrh of the kidneys. Its physiological action on the kidneys has not been fully learned." P. Jousset, of Paris, *L'Art Medical*, No. 10, 1893, in an article on the treatment of renal lithiasis, in describing the management of the resultant anuria mentions it as of possible value, for it produces acute nephritis, with anuria, and has cured the anuria of cholera. Under this heading in works on materia medica only a few and indefinite symptoms are given. In short, it has been treated as our German friends would say, in a "step-motherly" manner. That it ought to exercise and does exercise a profound action upon the kidneys, is indicated by its being eliminated by these organs and intestinal glands according to Pander's investigations (*Dorpat Arbeiten*, Bd. 2, 1888, p. 1).

It produces different alterations according as it is taken for a longer or a shorter time. From acute poisoning, besides the other

symptoms, especially of the digestive tract, the region of the kidneys is sensitive, the urine is scanty and contains blood and albumin as well as casts, in large numbers. At the necropsy, in the kidneys, there are found, in the tubuli contorti, necrobiotic changes with numerous casts, and, eventually, exudations into the capsules of the glomeruli, Kabierske, *Die Chromniere*, "Inaugural Dissertation," Breslau, 1878, and Weigert, in Eulenburg's *Real Encyclopædie*, ii., Aufl., Bd. 4, 1885, in article on *Coagulations Neerose*, have demonstrated, after poisoning by the bichromate, in rabbits, the existence of very acute and exquisite croupous changes in the tubuli contorti and Henle's loops. In the capsules they found swelling of the epithelium and Posner exudates, *Virchow's Archiv.*, Bd. 79, 1880, p. 333. The longer the poisoning lasts the more distinctly the symptoms of parenchymatous nephritis develop, passing over into those of the interstitial variety. The vesical mucous membrane was found, in man, injected, ecchymotic, and even purulent and ulcerated.

In chronic poisoning from internal administration of the drug it may easily lead to interstitial nephritis and even to contracted kidney and its direful consequences. Kobert, *Lehrbuch der Intoxicationen*, p. 294, 1893, claims that its internal use should be prohibited by law on account of one German writer, Guentz, using it internally in syphilis. Wm. B. Hills, in the article on "Poisoning by Chromium and its Salts," in Wood's *Reference Handbook of the Medical Sciences*, vol ii., p. 155, states that hyperæmia of the kidneys has been reported in a few cases. Nephritis was observed quite constantly by Gergens and Priestley in animals poisoned by it; and he states that the suppression of urine so frequently observed in poisoning in the human subject, is the result of this irritant action upon the kidneys.

I am led to believe, from my reading and observations, that the bichromate of potash, in small and increasing doses will give rise to irritation of the kidneys, of the secreting epithelium, of the cortical portion of the kidney, exudation into the glomeruli, deterioration and destruction of the epithelium, formation of hyaline, and then of epithelial casts, passage of epithelial cells, leucocytes and blood, red blood corpuscles into these tubules, and, in short, of the appearance of a desquamative epithelial nephritis, of a croupous nature, and such as would follow diphtheria, scarlet fever, a cold, etc., or possibly such as is due to extension of an inflammation into the pelvis of the kidneys. The provers, with small doses, and in mild poisoning cases, complain of aching in the loins, region of the kidneys, urine

is high colored, deposits a pearly sediment, phosphates. In Dr Drysdale's provings, where a solution of five grains to the ounce was employed, ten, twenty, sixty, and then one hundred drachms of this solution were taken, *Cyclopædia of Drug Pathogenesis*, part v., p. 166, one prover was seized, after sixty drachms of the solution, with severe pain in the lumbar region, extending down the thigh and into the sacrum. At first there was noticed an aching pain, proceeding to a numbed sensation, pain increasing to such a degree that he could hardly rise from his chair. It continued for three days, and gradually decreased in severity. Appetite remained good, and bowels regular. His urine was scanty and high-colored, and deposited a pearly white sediment. This is an example of the first degree of renal irritation following the ingestion of the salt. The drug not being repeated his renal epithelium had opportunity to repair the damage done, replace the swollen and irritated epithelial cells, cast off the damaged ones, and sweep away the slight exudates and calm the impending irritative influence. Yet an accumulation of such irritative action would have led to a repeating of the injurious impact, and if long continued, especially in a predisposed individual, the affection would have entered into the domain of chronic poisoning, and the lesion either be limited to a chronic pyelitis, with exhaustion and possible death from suppuration, or a parenchymatous nephritis had been added to the picture, and again to this a possible true interstitial nephritis, with a termination in contracted kidney, as has been already demonstrated by experiments of the writers cited. The bladder and whole urinary tract is affected, as evidenced by finding the vesical mucous membrane ecchymosed, injected, and even ulcerated and purulent.

I. Dr. Dudgeon took fifteen drachms of a saturated solution in two doses at short intervals. Symptoms from the digestive tract, etc. On the third day, high-colored urine and some heat in passing it; dull lumbar pain, worse on motion, and severe stitches there, aggravated by breathing and motion. Sprained pain on movement in the lumbar region.

II. Dr. Walker, æt. 29, bilious-sanguine temperament, took the 3x for a week, then the mentioned sol. from a few to 30 drachms. From the former he experienced frequent micturition, with slight burning feeling afterwards, as if far back in the urethra there were a drop of urine, with desire but inability to expel it. From the latter, rheumatic pains, etc., and sensation of coldness in the back and desire to sit near the fire. A few years ago I gave the second

decimal attenuation to a man every two hours for an acute bronchitis. He became worse, and, among other symptoms, developed a terrific aching pain in the back, darkish and scanty urine, desire to do nothing but sit near the fire. He would hold his back against a steam-heating pipe, in the factory where he was engineer, until it was nearly blistered, to get relief. Some burning on urination, whitish sediment in the urine, epithelial cells and phosphates. Shooting and aching pains in the back.

Schelling, in an involuntary proving made while preparing a trituration of the drug, reports this relief from heat without removing the pain.—*Allgem. Hom. Zeitung*, lxxxiii., 189.

In the workmen in factories where the bichromate is prepared there are noticed at times, for about a week or fortnight, pains across the loins and scanty high-colored urine. The pain extends to the groins with nausea and impaired appetite. It runs down into the left side and hip, with dryness of the mouth and throat, sight confused and dim, with ringing in the ears. Constipation, with pain across the loins; red urine is a characteristic trouble. Dull, aching pains in the loins, and urine is of a brownish hue. One workman, aged nineteen, was seized with a pain, as if from a knife, through the loins, coming on suddenly in the afternoon, so that he could scarcely walk, was with difficulty helped home, had great pain all night, could not sleep more than one hour, continued even when still, but was greatly aggravated when moving or turning. Frequent desire for micturition, urine scanty and reddish. Relieved by a dose of nitre so that he could return to work the next day, but he remained with a pain in the back and scanty urine for a fortnight.

As this remedy produces a state which is indicated as "cold rheumatism," it is often difficult to distinguish the muscular pains from those exclusively renal; possibly, they are dependent upon the renal irritation, for nowadays many cases of such rheumatism are held to be due to imperfect elimination of incompletely digested food.

This renal irritation, in poisonings by large doses, increases to perfect functional annihilation of the renal epithelium and consequent anuria, of which the following is an example:

A man, in a fit of rage, swallowed a solution of a piece of the bichromate. Nausea and vomiting set in, and after his stomach was emptied he felt well, ate supper, and passed a quiet night. Next morning, on arising, he felt such weakness that he was obliged to lie down again; belly neither swollen nor painful, pulse quiet but small. Patient only felt shooting pains in the back and renal region, could

eat and drink diluents freely, had several natural stools, but did not pass a *single drop of urine*. Second night was somewhat restless, and next morning was still weaker. Had scarcely power to arise, and trembled greatly on making the attempt, though without any increase of pain. Weakness increased, but spirits remained good. *No urine passed* and he died, sleeping calmly, fifty-four hours after taking the poison, as if from pure exhaustion, without any disturbance of the mental faculties. Some hours before death, spasmodic contraction of the hands was observed. At the necropsy the kidneys were, on being cut open, deeply marbled, red, large, and filled with frothy blood.—*Cyclopædia of Drug Pathogenesis*, part vi., p. 206.

Chronic poisoning is able to produce a complete picture of chronic pyelitis, of which the following observation, cited in the *Encyclopædia of Drug Pathogenesis*, part vi., and coming originally from Roberts's *Urinary and Renal Diseases*, p. 385, is an example:

“In March, 1857, I admitted into the Manchester Infirmary a man greatly emaciated, with hectic symptoms. The urine contained a large quantity of pus, its reaction was acid, it contained no casts of tubes nor more albumin than the pus accounted for. The patient stated that his urine had been milky for more than a year, and that his health had been gradually failing for about the same time. He had never passed any gravel, nor had he suffered from nephritic colic. As far as he knew, his urine had never been bloody. He attributed his complaint to the nature of his occupation, which was to manufacture bichromate of potash. He died eleven days after admission. At the necropsy the bladder presented some injection of the mucous membrane, but it was not thickened, and the viscus was not contracted. Both ureters were dilated to about double their usual size and filled with pus. The two pelves of the kidneys and the infundibula were enlarged, their lining membrane thickened and bathed in pus. The kidneys presented very slight signs of disease; the papillæ were flattened and yellowish, as if they contained pus within their ducts; the remainder of the renal tissue was apparently healthy. No foreign body was detected in either pelvis, and the path of the urine was free throughout. Death could only be attributed to the long-continued purulent discharge which had been allowed to run on unchecked until eleven days before death.”

The drug might produce pyelitis in a subject who, being under the influence of a long-continued poisoning, had acquired a certain degree of habituation of the organism to the drug, and Roberts says on the preceding page that pyelitis may be due to overdoses of stimu-

lating diuretics as turpentine, cantharis, etc. It is known that cantharis, though slightly diuretic as the bichromate also is, yet has an action upon the renal epithelium, which is very profound, in large doses, and it is employed homœopathically in calculous pyelitis, at least by the French homœopaths.

To conclude, it seems that kali bichromicum might be of service in the homœopathic treatment of pyelitis of calculous origin, with painfulness in the region of the kidneys, augmented by pressure; dull, aching pain in the loins, relieved by application of heat, and reddish urine. Frequent emission of urine with tenesmus, occurrence of an obstinate rheumatic tendency which will not yield to the less deeply-acting remedies, or possibly in a gouty diathesis. Dull, shooting and drawing pains in various parts of the body. The urine is mixed with epithelial cells, mucus, pus, or blood. I have deduced this composite picture from my reading of provings and corresponding poisonings.

Secondly, it ought to be indicated in acute desquamative epithelial nephritis, with presence of epithelial cells, mucus, phosphates, later blood or pus, in the urine. Anuria, more or less pronounced, or diminution in the urine which would be dark, reddish, with a brickdust deposit, from the chronic rheumatic or gouty tendency. Frequent urination, with burning pain as in cantharis, but this less pronounced than under the latter drug. The aching in the renal region is dull, distressing, relieved slightly by intense heat, yet not removed. There will be albuminuria, with hyaline casts, in all, certainly, and probably epithelial casts later on. Anasarca would develop, in consequence of the deterioration and disintegration of the renal epithelium, though none of the provings, being of short duration, develop it, as the injurious influence is soon removed. Accumulation of injurious and long-persisting influences, as Penzoldt says, in his recent article in the *Muenchener Medicinische Wochenschrift*, No. 42, 1893, on the early recognition and the causes of chronic nephritis, are the productive factors in these affections. Not the few days' use or abuse of a drug will bring about a morbid state, but the day-in-and-day-out damaging action upon the organ. Provings and poisonings do but give one a dim outline of the possible usefulness of a drug, while clinical experience slowly confirms it.

The presence of the exudates and the casts in the experiments and fatal poisonings point to the existence of a croupous condition; renal irritation and desquamation of epithelium, with cast formation, emigration of leucocytes, and red-blood corpuscles; and with that we

have a complete picture, with the associated symptoms, of an acute nephritis.

It might be of passing interest to say, that an old-school physician, Dr. Manuel Delfin, of Havana, Cuba, has found the bichromate to be an efficacious remedy in the treatment of that terrible disease, hematochyluria. He has employed it in several cases with success, using, empirically, a solution of one gramme to eight ounces of water. *Cronica Medico-Quirigica de la Habana*, tomo xvii., No. 17. Milky urine was observed in one case of poisoning recorded in the *Cyclopædia of Drug Pathogenesis*, part vi., p. 211.

By continuing this state, with aggravation and chronicity, one would have, with the possible developing complications, a parenchymatous nephritis, and, finally, interstitial nephritis, leading to contracted kidney—a condition similar to that resulting from lead-poisoning.

Thirdly, it might be indicated, from its pathogenesis in chronic parenchymatous nephritis, such as follows scarlet fever, the abuse of alcohol; that following the acute nephritis of cold-nephritis, *a frigore*, or that of pregnancy. But one would be rather inclined to look to its being fitted to the chronic interstitial form—the gouty kidney. Osler, in his *Practice of Medicine*, p. 750, states that in this form of the disease there is increase of the connective tissue, degeneration and atrophy of the secreting structures, glomerular and tubal, and the tubules show epithelial changes. The gouty diathesis, syphilis, and abuse of alcohol, are held to be the causes of this form. To form a parallelism, Hughes states, in his *Pharmacodynamics*, that the pains of kali bichronicum are rheumatic, and the expression of a “cold” (gouty) variety of the disease is a diathetic state. Again, he says, that it plays its most distinguished part in the middle ground of syphilitic rheumatism, though not limited to this condition. Plumbum is about the only remedy in this condition upon which any confidence can be placed, and a cure is reported by Dr. Charles Gatchell of incipient renal cirrhosis by the use of plumbum in the sixth trituration. Kobert, as I before have said, in his *Lehrbuch der Intoxicationen*, distinctly states that experiments have demonstrated the bichromate to produce parenchymatous nephritis, which extends into the interstitial form, with a termination in the contracted kidney. He would even have the internal administration of this drug prohibited by law, for fear of producing these direful consequences. If it will produce this state, it certainly ought to be of service in treating it in the earlier stages.

ARTHROTOMY IN OLD DISLOCATIONS OF THE SHOULDER JOINT.--
CLINICAL.

BY W. E. GREEN, M.D., LITTLE ROCK, ARK.

(Read before Missouri Institute of Homœopathy, St. Louis, April, 1894.)

MRS. McT., æt. 50, eleven weeks previous, fell from her bed and sustained an anterior (intra-coracoid) luxation of the left shoulder. The arm hung rigidly by the side, but owing to the patient's being very fleshy, little change in the contour of the shoulder was noticeable. Upon careful exploration, the head of the humerus could be felt well forward in the axilla. The arm was powerless, as all movements of the arm, fore-arm and fingers were lost. She suffered constant and severe pain, caused by pressure upon the nerve. An old-school surgeon attended her and kept the arm for three weeks in a dressing, thinking he had effected a reduction. Later, two others were called who attempted reduction under an anæsthetic and failed. They told her nothing could be done and recommended her to "make the best of it." She then called upon another prominent surgeon, who declined to take her case. As the suffering from nerve pressure was so severe, she determined to try further, and came to me. I frankly stated to her the seriousness of her case, told her that I would try reduction under an anæsthetic and if I failed would cut down upon the head of the bone (arthrotomy) and relieve it from its confined position. To this she consented. Accordingly, after making every preparation for a thoroughly aseptic operation, she was anæsthetized with chloroform, carried to a complete relaxation, and a laudable effort made at replacement; failing in this, I entered a knife at the outer side of the coracoid process and made an incision down to the joint, extending it downward along the anterior margin of the deltoid muscle five inches, exposing the capsule of the joint. The capsular ligament was then opened, the biceps tendon drawn aside and the tissue separated from the bone by means of a probe-pointed bistoury, an assistant rotating the arm to facilitate the procedure. It was found that a tendon, or fold of ligament, had formed an inseparable barrier to the reduction. This was divided with great difficulty, but after its severance the head of the bone came readily into place. The tendon of the biceps was placed in its groove, a counter-puncture made on the posterior aspect of the shoulder and a

drainage-tube passed through. The wound was then closed with two rows of sutures, one cat-gut, deep, and one silk, superficial, the shoulder heavily padded with antiseptic gauze and the arm immobilized with a bandage.

The patient rallied well, and no inconvenience whatever followed the operation. The temperature for the next five days never exceeded 99.4° . On the fifth day, through want of care in the dressing, the wound became infected. A sero-sanguinous discharge soon began to ooze and the temperature to increase, which reached 103 on the eighth day. The wound was partially opened up; a long slender forcep, passed downward, was made to puncture the skin in the posterior aspect of the axilla and a large drainage-tube drawn through from below upward; thorough irrigation was then practiced. This was continued night and morning until suppuration ceased. The temperature soon subsided, and the patient made a tedious recovery. While all pain and inconvenience incident to the abnormal position and rigidity of the member has been relieved and its function greatly improved, the arm has not been restored to perfect usefulness, owing, I think, largely to the long-continued non-use before the operation. While extension, flexion and rotation and the movements of the hand and fingers are fairly good, the arm cannot be elevated above a horizontal position. Had not accidental after-infection taken place, and this was due solely to the neglect of the surgeon in giving proper directions in regard to the dressing, the recovery would have been an ideal one and a great triumph for operative surgery.

In private practice it is not always possible for the surgeon to command the strict attention to nursing of cases that can be enforced in a hospital, where his orders are rigidly carried out and every appliance and convenience is at hand.

There is no class of cases that fall into the hands of the surgeon, so trying as old unreduced dislocations. The comfort of the patient, the usefulness of a limb, and often, the reputation of a brother physician, are at stake. Many times the mobility of the limb is so impaired that it is worse than useless, and again, the pressure of the displaced head of the bone causes so much pain that life is rendered intolerable. To refuse one of these cases surgical aid seems heartless, and yet the undertaking of such a task requires no small amount of courage. The possibilities of failure in results, suppuration, or perhaps death, are all important factors to be considered in making a decision. In the present state of surgical progress, the

exclusion of micro-organisms through the methods of antiseptic surgery, almost entirely removes the liability to suppuration, the most serious complication that may arise, and renders operations now feasible and justifiable, which the older surgeons dared not attempt. In the management of old irreducible dislocations of the shoulder, the physician has his choice between open arthrotomy and excision of the head of the bone. When arthrotomy and a restoration of the head to its natural socket can be performed, it is the preferable method; but this cannot always be done, as it is sometimes impossible to make a reduction of the limb, and again, its usefulness is not always restored by this method. Failing in reduction, the surgeon has the alternative of excision of the head; though active rotation is lost, a fairly good movement of the limb may be obtained. The operation should always be done in accordance with the most exacting and rigorous demands of antiseptic laws; there is no department of surgery in which absolute asepsis is so necessary, as in operations upon the joints. Infection here, means disaster, and by it, both life and limb may be placed in jeopardy.

THE IDEAL PHYSICIAN.

BY WM. H. BIGLER, A.M., M.D., PHILADELPHIA.

(A valedictory address delivered before the class of '94 of the Hahnemann Medical College of Philadelphia, May 8, 1894.)

IT has fallen to my lot to pursue you with the last lecture that you will ever hear from the faculty of the Hahnemann Medical College previous to receiving your diplomas. I trust I shall be forgiven, for, were I to consult my own feelings, the valedictory would be as short as even you could wish it, or I could make it. I would say, we congratulate you all on having successfully and creditably passed your various examinations. God bless you. Go home and prosper. But custom, which is but another name for conscience, makes cowards of us all, and I am compelled to elaborate these few ideas into a valedictory.

None could sympathize more fully in the labors which you have just accomplished than your instructors, and none, therefore, are more ready than are we to congratulate you most heartily on the completion of your task.

Sir William Hamilton beautifully and concisely defined happiness as the reflex of unimpeded energy.

During the last couple of years all your energies of mind have been called into play, and every means has been placed within your reach to allow them full unimpeded action. These years must, therefore, have been full of happiness for you. We trust they were. It may be that the recollection of the difficulties that had to be overcome may, just now, somewhat obscure the full sense of happiness that, theoretically, should fill your breasts; but rest assured that a time will come when you will look back upon these years, perhaps with regret at opportunities neglected, but surely with a fond feeling that they were the happiest of your lives. Very much will, of course, depend upon the idea of happiness that we may have in our minds; but for pure unsurpassable happiness, none surely for us rational beings, should exceed that resulting from the free exercise of those faculties and energies of mind by which we are raised above the material world around us, and in the cultivation of which we feel ourselves approaching nearer and nearer to the centre of that All-Mind, faint shimmerings of which reach us occasionally, even through the thick obscurity of our own finiteness. But, even now, I do not doubt that you can feel that there was happiness in the mere exertion of that force of will, of attention, and of reason that was necessary to overcome all obstacles, for that is the meaning of the word "unimpeded" in the definition given of happiness. It refers to the free exercise of energies, irrespective of what external impediments may interfere with the enjoyment of the results hoped for from this exercise.

It is well to remember, in this enigmatical world in which we find ourselves, that we are so constituted that even if we do not gain the object for which we have striven, the striving for it is calculated to bring us happiness.

A somewhat similar idea has been beautifully expressed by the poet: "It is better to have loved and lost than never to have loved at all." I think a full realization of this idea is wonderfully calculated to give us comfort when we most need it. This world is full of illusions and disillusions, and no amount of precept or advice is able to take the place of that personal experience, which we all must obtain for ourselves, at a price more or less excessive.

I liken you to a company of soldiers resting on its march. It has had a successful skirmish with the outpost of the enemy, and is eager to engage with the main body. The trifling losses it has sustained are

not enough to dampen its ardor. Each member seems to be a host in himself, eager for the fray. During this short rest afforded you, you will recall the struggles that are past and dream of those to come, in which a benevolent nature allows you to see yourselves always conquerors. Remember, however, while resting and refreshing yourselves that *you* have filled your canteens and you have stocked your own haversacks and that on their contents you refresh yourself now and must support yourselves in your future march. On the mental and moral pabulum that you have been storing up for future use depends the character of your future mental and moral growth, and your power of endurance in the contest that lies before you. God grant that your canteens may not have been filled from stagnant, germ-bearing pools, nor your haversacks stuffed with mouldy "hard tack."

While resting on your arms and indulging in a well-earned *dolce far niente*, let us try to indicate a plan of campaign for the future.

It would do for a poet like Longfellow to "shoot an arrow into the air," and to allow it to fall "he knows not where;" but for an archer to try the same with any intention of hitting a mark, or of gaining anything by his shot, would be regarded as in the highest degree foolish.

In order that one's efforts may not be wasted, it is necessary to have an aim. A random shot more frequently does harm than good. Purposeless expenditure of energy of any kind is contrary to the laws of our being, a nearer acquaintance with which brings more and more into prominence the idea of purpose. Even those who in their reasonings rise no higher than the conception of Nature, find in her actions constant evidence of purpose, and although at times our ignorance may imagine that for the accomplishment of certain purposes unnecessary energy has been put forth, increased knowledge has thus far always discovered circumstances and conditions that rendered this waste only apparent.

Let this first thought then take hold of you, that in the gaining of an end, in reaching an aim, no exertion of energy necessary to the full accomplishment of your purpose, can be regarded as wasted.

Take as a second thought the idea, that no energy is in itself bad, and that no exertion of energy is in itself criminal. All crime is only misdirected energy. The embezzler, the pickpocket, the burglar, and even the murderer, are each exerting a perfectly legitimate energy, but in an illegitimate manner.

Nature, abhorring the purposeless action as much as she is said to abhor a vacuum, has implanted in each one a desire to do, to act, to

realize, but education and environment have so affected this desire that we have in the one a striving after high aims, in the other content with aiming low; in the one a shining light, in the other a blot; in the one a useful life; in the other only a useful death. How necessary, therefore, to have before us an aim in life that shall satisfy the longing after happiness which can result only from the exertion of well directed energy. What shall this aim be? We can answer in one word, Success. "One thing is forever good; that one thing is success" (Emerson). Mirabeau said, "Why should we feel ourselves to be men unless it be to succeed in everything, everywhere. You must say of nothing 'that is beneath me,' nor feel that anything can be out of your power. Nothing is impossible to the man who can will. Is that necessary? That shall be. This is the only law of success."

But simple as this may seem, it is in reality, very ambiguous, and the meaning attached to it will vary as much as the individuals who attempt to explain it. Perhaps no two of you would give the same answer were you asked to give your ideas of success. Here, too, education and environment modify the fundamental idea, and what to one would appear a full measure of success, to another would almost be paramount to failure; and yet, there must be some way of judging what we mean by it that shall be open to no objections, and that shall include everything.

I think if we say, success is the realization of our ideal, we will have such a definition that we can use as a standard by which we may judge, in all cases, not only our own results, but those of others.

You see, then, that even for persons pursuing the same occupation, and running the same course, apparently, the one will perhaps have success while the other is still striving for it, and yet to the casual observer there may be no difference in their circumstances or the conditions of their lives. The pivotal point of the whole is the Ideal. According as the ideal is easily reached, or obtainable only with difficulty, or altogether out of our reach, will be the measure of success obtained. He whose ideal is the highest will ever be farthest from its realization; and yet I urge you to set your ideal high.

In this practical age we often hear the possession of an ideal denied, as if it were something within the power of any one to have or not to have.

The possession of an ideal is an absolute necessity of our being, from which there is no escape. The most practical materialist makes

that frame of mind, which he is at so much pains to cultivate, his ideal. He has a certain conception which he attempts to realize, a vague image after which he copies. Those even who live on from day to day, so to speak, "from hand to mouth," without a discoverable aspiration or hope, have evidently before them just such a state of indifference as one which they regard as the best, as their ideal. They may have others, too, but those have usually been imposed upon them from without, are not the outgrowth of their own natures, and, consequently, are altogether too high for them, and are recognized by them as impossible of attainment. Hence, they are content to worship them from afar, while in their actions and general conduct they are guided consciously or unconsciously by their own self-created ideal.

If your aim is to be success, and success is the realization of your ideal, see to it that this is of the right kind; one, the pursuit of which, will tend to bring out and develop all your powers.

Let us see whether we can construct, in outline, such an ideal for you:

For an ideal to be of any service as an incentive, it must be made up of such features, traits, and characteristics in a superlative degree which one feels to be present in himself, only in an infinitely smaller degree. The inducement, and the possibility of its realization, lie in the unbroken chain of gradually increasing excellence that binds us to it.

Let us give this ideal a concrete form, and try to outline some of the features of an ideal doctor.

In the first place, then, our ideal doctor has, from the outset of his career, been impressed with the sense of the great responsibility resting upon him. He has often had thrust upon him the truth—terrible when realized—that under Providence the life of a fellow human being has depended upon his knowledge and experience, which seem so limited and futile in the face of grim, relentless death. This thought is a constant goad to him, did he need one, to add to his knowledge; to allow nothing to escape him; to be ready to investigate the claims of anything that might hold out a possibility of assisting him in his unequal contest with the fell destroyer. The conscientious study of his cases, the cultivation of his powers of observation, and of attention and of memory, will be to him imperative duties. It is not the bare possession of knowledge that is the true object of study, although in our profession this is of great importance, but it is the power of correct observation and of logical

deduction from observed phenomena wherein the true value of study and mental cultivation lies. Some, although surrounded by the most significant facts, really observe nothing; others see much more than their senses present to them; and others again have a sort of mental astigmatism, in consequence of which facts present themselves in a distorted manner, without symmetry or proportion; while others, finally, observe everything through the medium of preconceived notions, the condition of their own mental state influencing all their observation and rendering objectivity impossible.

The power and habit of rapid and accurate observation should be cultivated persistently. Every sense should be actively alive and harmoniously working. A retentive memory, a good recollection or power to recall, and a well balanced faculty of discrimination will be the result of systematic study.

While recognizing the necessity and importance of constantly adding to his store of medical knowledge in order to do his whole duty to his patients, the ideal physician is not governed wholly by this consideration in his studies. He has a love of knowledge for its own sake. He views the science of medicine as one and indivisible, and nothing within its vast realms dare be absolutely indifferent to him. No traditional boundaries of sect limit his activity in the search after truth, and no arbitrary division into specialties curtails his eager investigations. This hunger after knowledge naturally gives him, at any time in his career, as complete an acquaintance with the science and art of his profession as it is possible for him to have.

This, however, is only possible for him if he be an industrious student. The time for study did not for him end with his graduation; but only then began.

It has been well said by some one lately, that the best medical college can be but little more than a kindergarten. How little can we really teach you of the whole of that which goes to make up the science of medicine. With our best endeavors we have been able to give you but glimpses of that immense field, the bounds of which are daily being removed farther and farther. We can only hope to have opened up to your minds certain avenues of thought, and to have furnished you with certain information that will assist you in the further prosecution of your life work. If we have in any way contributed to an idea in your minds that you know any one branch of your profession completely and thoroughly, and that there is nothing beyond, then have we indeed labored in vain. If you have

not learned that you are only at the beginning of a course of study that must extend to the end of your present life, and, who knows, perhaps beyond, then have our teachings been of no avail.

It is natural that when you contrast what you know at present with what you knew four years ago, you should be almost awe-struck at the amount of knowledge you possess, and that you should think, ye are the men and that wisdom will die with you; but there are many hundreds, rather thousands, of young men during this month of commencements, feeling exactly that way: and we do not therefore regard it as a very dangerous symptom. But contrast what you do know with what you do not know, but should, and we trust a feeling of healthy humility will be born, that even the parchment diploma soon to be placed in your hand will not be able entirely to stifle. Be not discouraged, either at the number of competitors or at the battle to be fought. There are over 118,000 physicians in the United States; and over 9300 in Pennsylvania! But there is a greater demand now than ever for men of a superior type. The law of the survival of the fittest will hold good here too. If you cannot give a good account of yourselves, and prove a *raison d'etre*, you will not be in the ranks long. On the other hand if you can demonstrate your fitness to cope with the weighty questions constantly presenting themselves for solution in the progress of medicine, there is place enough for you. With such men the ranks are not crowded.

Knowledge is one, and to the true student its various divisions and subdivisions ever remain artificial, and suggestive only of our own limited powers of mind. He is led on from one study to another, and the deeper he delves or the wider he ranges, the more intimate and essential does he find the connections that unite all into one grand whole, of which the universe is the object.

Far from being affrighted at the immensity of the object of his study, he boldly attacks that which lies nearest to him, and having learned that there is nothing small or insignificant, because there is nothing great, as compared with infinity, he persistently widens his own field of view in every direction. He therefore becomes a man of general culture.

While he makes perfecting himself in the knowledge of medicine his first object, he will seek to widen his mental activity, and to get into touch with the whole world of intellect. All that he may do in this direction, any success in literature, any reputation in science, will redound, not only to the honor, but to the benefit of his chosen profession.

It is a lamentable fact, but one which must be acknowledged, that the physician no longer holds the prestige in the eyes of the public that he did a half century ago. He no longer forms as prominent a feature in the civilization and social life of the present day as he did in the past. It is true that he is coming a little more to the fore ; but chiefly as a guide in matters of hygiene and prophylaxis against disease. In the beginning of your practice you will find much time and many opportunities to show your interest in subjects of such vital importance as these. In your own particular circle you can act the part of educator, seeking to inculcate obedience to the laws of health, to introduce sanitary reform, and to be found on the side of good government. This naturally necessitates an interest in reform of municipal affairs.

While such opportunities are not wanting to the city doctor, they present themselves just as frequently to him who lives in the country, where the healthy influence, emanating from a cultured physician, no mere medicine giving machine, is most marked.

In the larger centres of population the physician will find in sociology, more particularly in the subjects of pauperism and criminology, food and incentive for study, as well as spheres in which his influence may be made to tell.

We claim for the ideal physician, however, even a higher place, in that it is raised above the boundaries of his own profession, and we demand for him a recognized place in the world of intellect and letters.

Instances are not wanting of those who have occupied such positions, and are now known as much, if not more, by the productions of their leisure moments, as by their achievements as physicians, and who will dare say that their work has been any the less advantageous to the world ?

In our own country, its wonderful expanse and the tide of emigration sweeping westward, early created a demand for doctors such as had never been felt in Europe, and which at once, according to an immutable law, called forth an increased supply. The doctor-mills and diploma-mills were set to grinding, and turned out the article so rapidly that the supply soon equalled the demand ; but as was to be expected, much of the article was spurious. Where quantity was the chief object, quality had to suffer.

The Government therefore mercifully stepped in, and closed all illegitimate colleges, and lately, as you well know, has further determined to exercise a paternal care and supervision over the products

of all medical institutions, even those against which never a breath of suspicion had been raised.

The effects of the previous activity, however, persist, and the hordes of ignorant, uncultured M.D's let loose upon the community have destroyed for many long years we fear, that association which formerly existed in the public mind between general culture and the possession of a medical degree.

Here in the East, steps are being taken to regain lost ground and the standard of requirements for admission to the study of medicine is being gradually raised. Recently a proposition has been advanced that only those in possession of a degree of A.B. should be admitted to a medical college. This rule has been adopted in one institution, at least, to our knowledge. Why would this be desirable? Not on account of the certain amount of knowledge obtained, for much of that would prove of but little account from a strictly utilitarian point of view, in the pursuit of medicine, but on account of the mental training that the possessor has undergone in acquiring that knowledge.

The studies pursued in a medical college are necessarily of a practical nature, and limited, in a great measure, to the material sciences. The time of study, four years, or even five as proposed by some, does not permit of anything but practical application, while for the cultivation of habits or love of study, or even the ability to study, nothing can be less adapted. Let the teacher be never so conscientious, and the student never so diligent, the danger of training the memory only, and preparing for examinations, is ever present. By the training obtained in a medical college, scholars in no sense of the term can be made. Jules Simon says, "When I was young we prepared students for life; now we prepare them for examination."

The particular training which can alone give culture can be obtained only from a liberal education, no matter where obtained. A liberal education, which Professor Kent, of Glasgow, has defined in a late address on the Preliminary Education of Medical Students, as "a process of training by which the intellect, instead of being formed or sacrificed to some particular or accidental purpose, is disciplined for its own sake, for the perception of its own objects, and for its own highest culture."

An almost exclusive attention to scientific studies as the preliminary to a medical education has, unfortunately, in a great measure supplanted the old well-named "humanities," and, to a correspond-

ing degree lessened the extent of that which we mean by culture. While, by devotion to scientific pursuits, habits of attention and observation are cultivated, it never does, nor can it be expected to develop and foster that flexibility of mind, that breadth of character, that wide humanity, which is usually the result of an acquaintance with the thoughts of the best minds of all ages, expressed in forms peculiar to each.

It is the habit of many to underrate the value of this general culture, or so-called liberal education, and to recognize in a somewhat narrowly-interpreted utility the proper standard of education. To such we can offer the following words of Cardinal Newman: "Intellectual culture is its own end. What has its end in itself has its use in itself also—a sane, healthful, well-balanced mind. The man who has learned to think and reason and to compare, and to discriminate and to analyze; who has refined his taste, and formed his judgment, and sharpened his mental vision, will not at once be a lawyer or a pleader, or an orator, or a statesman, or a physician, but, he will be placed in that state of intellect in which he can take up any one of the sciences or callings for which he has taste or special talent, with an ease, grace, and a versatility and success, to which another is a stranger." "A man of well improved faculties has the command of another's knowledge; a man without them, has not the command of his own." Of physicians possessed of this "well-balanced mind" the supply has not equalled the demand.

Why do we have to mourn the vagaries of medical science? Why do the kaleidoscopic changes of precept and practice justly expose the profession to the ridicule of the lookers-on? Is it not because of the want of this very balance, of this sober, critical judgment obtainable only by years of mental training? Have not the intolerance and bigotry that have disgraced the medical history of the last hundred years arisen from the same source?

Our ideal physician will possess this cultured mind, and those who are striving to realize this ideal will do all in their power to supply deficiencies in themselves which may have resulted from lack of opportunity. To such we would recommend the thought of Emerson: "The world is enlarged for us, not by new objects, but by finding more affinities and potencies in those we have."

Professor Black, of London, gave lately, as the three causes why physicians are not maintaining the standard of general learning and varied knowledge which shall enable us and our successors to hold the place of honor:

1. The inferior school-training of so many students.
2. The absorbing nature of medical study, which is so great that during devotion to it the love of letters is lost.
3. The arduous nature of practice, and the necessity of earning a living.

He adds: "In my youth I had it strongly recommended to me to stick to my profession, and let everything else severely alone. The life of the medical man was to see patients, do operations, order drugs, and collect fees. I thank God that I entirely repudiated this idea of my profession."

The *true* student, he of wide reading and general culture, will find so many new vistas opening up to him at every turn; so many lines of investigation leading in quite unthought-of directions, and so many new truths constantly presenting themselves, that he becomes very humble. He comes to feel how utterly insignificant is all the knowledge that his best efforts may gain, in comparison with the sum total presented to his thirsting soul. How *can* such a one be intolerant; how can such a one fail to recognize that his neighbor may be in possession of some truth that he himself has not as yet met with, or some phase of truth which he has failed to discover?

The idea so often expressed, that enthusiasm and zeal in a cause beget intolerance, is only true when they are wedded to ignorance and self conceit. True wisdom is always tolerant. Our ideal physician, therefore will be a man of the widest charity, the word being used in its most comprehensive sense. His motto will be that of your alma mater, *In omnibus charitas*.

In the domain of science, no matter how firmly he may be convinced of the truth of his own tenets and belief, knowing that to err is human, he will lay no claim to infallibility; but will willingly accord to all the most perfect freedom of belief. While endeavoring to advance his own views, and seeking to bring others to his own way of thinking, it will always be with the full recognition of the right of dissent. He knows that there are many men of many minds, and that each one forms his own conceptions, and, if he thinks at all, does so in his own way, and in the line of his own in-born or acquired mentality. It would be as foolish to expect all to think alike, as it would be to prescribe the same diet for all ages. While some can stand only milk, others are to be fed on more substantial food. We can never expect all physicians to become homœopaths, or even to recognize the truth of homœopathy.

We know that the ear of the trained musician can recognize in-

tervals of sound or tones that are absolutely beyond the reach of the uncultivated ear, say of the boiler maker, and no amount of argument or illustration could compel the latter to appreciate them.

It is not on that account any the worse ear; but indeed for its own particular purpose, it is no doubt the very best kind of an ear obtainable. Less hammering, and increasing attention to other sounds through many generations, might finally make it capable of finer work. Until then, charity.

Remember that the world is in one respect a mirror, and sends back a smile or a scowl, according as you present the one or the other to it. You may be sure that that physician who always has some grievance, is himself a sore grievance in the eyes of his colleagues. There are some who in their intercourse with their patients are suavity and charity personified, while in the profession they are beyond endurance, cantankerous and quarrelsome. As the Germans have it, "Angels abroad, and Devils at home."

Our ideal physician will let his charity begin at home, in his own professional home. He will cultivate a friendly intimacy with his colleagues and will regard the whole medical profession as a family whose members should be bound together by the closest ties of an exalted purpose and aim, and will be loath, under any circumstances, or from any cause, to take offense, saying with Marcus Aurelius, "If any man is able to convince me and show me that I do not think or act right, I will gladly change, for I seek the truth, by which no man was ever injured; but he is injured who abides in his error and ignorance," and "that which does not make a man worse than he was, does not make his life worse; nor does it harm him either from without or from within."

Not only in the field of mind does he possess this unbounded charity, but also in the field of morals. He stands, as it were between the law and the gospel, with sympathy the widest, able to comprehend in its embrace all, from the lowest to the highest, from the most illiterate to the most cultured, from the most corrupt to the purest.

While the law represents justice, and the gospel holiness, medicine represents humanity. Tempering the extremes of each; standing upon a knowledge of the physical basis both of crime and of virtue, the *physician* is best fitted to encourage the despairing, to strengthen the halting, to guide the faltering, and to be the sympathizing friend of all.

Remember that, paradoxical as it may sound, so-called virtue is often pathological, and so-called crime physiological.

We can demand of our ideal physician an intimate knowledge of the laws of the human mind. He must know the modes of action and reaction, of the mind and its instrument, the body, and must be able to estimate their relative values. He must allow for the unmistakable results of heredity and environment, nor "while looking with his microscope for bacteria, as the cause of disease, will he overlook as ætiological factors the passions and emotions."

These he must understand most intimately. With these he must have the truest sympathy, and these he must be competent to treat.

This sympathy will be for the suffering human being, whether suffering in mind or body. "Put yourself in his place," is a precept which, if carried out, will help us more than any other to understand and sympathize with our fellow-mortals.

The great danger for the physician, in his eager study of cases is, that he may lose sight of the person in the case. This latter may be of great importance as bearing on some facts in medical science, but remember that as *physicians*, that concerns you only secondarily. Your primary purpose must always be to treat, and, if possible, to heal the sick individual.

Suffering humanity is quick to feel the difference between the interest arising from the heart and that proceeding from the head.

No one comes into closer relationship with humanity than the physician, and no one has a better opportunity of pointing out at the proper time, the close relationship between well-doing and well-being.

Again, the ideal physician will be characterized by a reverent spirit. It is often charged, wrongly we think, against the medical profession that its members are apt to be materialists or unbelievers. It is true that of the theological views of long ago, many have become modified, others even rejected; but this is not the case only within the medical profession. Even within the walls of the church the same inevitable consequence of progressive development has taken place. A religion that could not allow of changes in its form and expression to suit all ages and stages of culture and development, while preserving its spirit intact, could lay no claim to universality. Revelation comes to each one in a manner and form adapted to his own mentality. Each one from it makes his own God; each one from it forms his own conception of religion. So also the ideal physician. He, more than any other, has been initiated into the deepest mysteries of nature. He, more than any other, has found his investigations and researches balked by the inevitable "thus far and no further." The "what" he constantly finds, the "why" and "how" are as constantly eluding his grasp.

Everywhere he is brought face to face with an all-pervading Idea, revealing itself through the objects of sense, but itself inscrutable and incomprehensible; working, however, in a manner that the results prove to be intelligent.

To this Idea he bows in reverence, seeking to know its will, that his own workings may be in accordance therewith, and thus be crowned with success. "The mind that is parallel with the laws of nature will be in the current of events and strong with their strength."—Emerson.

He knows that all which happens *must* happen as it does, in order to fulfill the idea of the universe; that the suffering and sorrow in the world are as necessary to the realization of this as a whole as are the daubs of black and dark paint in the work of the master artist to the effect of the whole, although seemingly so meaningless when viewed singly and near at hand. "The first lesson of history is the good of evil."—Emerson.

He feels that he is personally responsible for the exertion of his best efforts, and yet that the result lies not in his power.

"There is no chance in results." He will not, indeed, shift his own responsibility upon so-called Providence; neither, however, when he knows that he has done his best, will he assume the responsibility for the inevitable. He will recognize in everything and in every person some manifestation of this idea and this will, and thereby will be intensified his love of humanity and his devotion to its welfare. This reverent feeling will not show itself in the studied dignity that not many years ago was considered necessary to physicians as well as to divines. It was thought proper then for the physician to present the appearance of a very Atlas, bearing on his shoulders the weight of the whole world, to seem oppressed with the load of care and responsibility that rested upon him, and to be ready at any moment to welcome a Hercules to give him temporary relief. It was generally found, however, that where such relief was offered, it was never accepted, and any forced relief was violently resented. Now, however, the ideal physician may express in his countenance and manner some of that peace and restfulness in his faith that fills his own soul, and his very presence should be soothing and health-bringing.

Finally, our ideal physician must possess, as the keystone to the arch of virtues that adorn his character, tact. Without it, his other acquirements and capabilities will avail him naught in his intercourse with the world. Tact will prevent his knowledge, his cul-

ture, his sympathy, his religion and his cheerfulness from becoming offensively obtrusive. We all know the sensation imparted by meeting with persons who are destitute of this quality, however estimable they may be in other respects. The bristling character of the technical knowledge possessed by some, the scintillating culture of others, the condescending charity of some, the massiveness of the religion of some, and the frivolous cheerfulness of others, are all equally to be avoided. The physician, before all others, should be so well balanced, so self-poised, and so keenly sensitive in feeling, as to be able on each occasion to know what is best to do or to say. Just as his technical education has taught him to be a man of quick and ready resources, at once recognizing the end to be accomplished and the means best adapted to accomplish it, so his general culture and sympathetic nature should at once bring him *en rapport* with his surroundings and enable him to make his influence felt for good.

You are about to enter upon the practice of your chosen profession with varied feelings, according to your various dispositions; but I trust that no one of you is without a certain amount of enthusiasm. Rightly viewed, the profession of medicine as practiced by an ideal physician is, *without exception*, the grandest and noblest work in which man can be engaged. Its opportunities are capable of being used for the advancement of the highest aims of mankind, at the same time that it concerns itself with his most material wants and lowest hopes of physical well-being.

Who could fail to be roused at the thought of the incalculable good that he may be the means of accomplishing? To him of combative tendencies, the thought of attacking disease and death, and ignorance and crime, must act as an exhilarating stimulant, while to him of more peaceable character the labor of his profession will present the no less pleasing picture of the quiet but persistent and efficacious effort for the advancement of the sound and the good.

No matter how you view your profession, make it your very own. Live into it, and let it become part of your very life.

One of the main benefits which we hope to see resulting from the introduction of the long course of medical study is the opportunity which it will afford to students to test their staying properties, and to allow the unfit to drop out by the way.

Many have formerly entered upon the course with enthusiasm, and, because of its shortness, have found themselves doctors before their zeal had had time to cool or even to be tempered; but the

rough road they have had to travel subsequent to graduation has taken away from them the love of their calling, and they have continued in it listless, perfunctory workers.

Circumstances have many a time ruined, perchance, a good commercial man or mechanic in order to make a poor doctor. Any calling, even the lowest, can be dignified and made respectable by conscientious attention to duty and by enthusiasm. Those, therefore, who have overrated their powers, whether of acquisition or application, will be likely to discover this during the four long years of preparation, and will turn to other more congenial pursuits, to their own and the public's advantage. From those who are left we have a right to expect love and enthusiasm for their profession, and we trust that you may all be fired with these feelings.

Meet the difficulties and troubles in your course only as they occur. They endure but for a brief space of time. The *present* moment that each one is called upon to live is but short. All the rest is past or future. The past you cannot alter; the future you should not anticipate. The present alone is in your hand; exhaust its possibilities.

Marcus Aurelius gives very good advice when he says: "If a thing is difficult to be accomplished by thyself, do not think that it is impossible for a man; but if anything is possible for a man and conformable to his nature, think that this can be attained by thyself too." Do not be satisfied with present attainments. Content with *circumstances* is great gain; content with *one's self* is spiritual asphyxia. Remember, it is the *exertion* of energy wherein lies real happiness, not the realization of its results.

I have not said, therefore, a word about the pecuniary rewards which are so often used as a measure of success. From our present point of view a large income is perfectly compatible with failure as a true physician, and, on the other hand, a real physician may live and die in straitened circumstances. The man who enters the profession solely in order to make money had better peddle patent pills and give his consultations free. He may, indeed, make money, but let him not hope, here or hereafter, to be counted as a true physician. He has his reward, mean and sordid as it is, in comparison with the often intangible but not less real compensation of love and gratitude gathered by the true physician.

You may say love and gratitude will not pay butcher and baker. No, but "neither does man live by bread alone." His higher nature, the divine in him, may be starved in the midst of epicurean plenty.

In the fierce competition rendered necessary by the increased number of physicians, medicine has come to be regarded more and more as a business or trade, and we have essays and books devoted to the consideration of The Doctor as a Business Man, and such like subjects. While a certain amount of business tact and knowledge should be possessed by every physician out of consideration for the wants and demands of his family and those dependent upon him, God forbid that he should ever prove an apt scholar to those who would *teach* him how to make himself agreeable to his patients, so as to gain more "customers" forsooth, and how he shall learn to dole out and charge up every item of his advice, his comfort, and his drugs.

The best services of the ideal physician cannot be repaid with money; they can only be paid back in kind. He gives of the best that is in him. His whole nature goes out in sympathy towards those who have placed their lives in his hands, and the tie that binds them to him is higher and holier than one founded on prompt payment of quarterly or half-yearly bills, or even cash!

Perhaps one of the most depressing experiences that we can have is at the close of a long and serious illness successfully overcome, or, rather, guided to a successful termination, one over which you have studied and worried and wrestled, to hear at your last visit the well-meant but crushing remark, "Doctor, send in your bill at any time. I shall be happy to pay it." It implies, unintentionally often, that there is a sense of obligation experienced which will be removed by the payment of the pecuniary indebtedness. It seems to reduce the relationship existing between doctor and patient to the same tender footing that exists between the buyer and seller of a pound of pulverized sugar.

Seek to disabuse the minds of your patients of the idea that you are a mere medicine-dispensing machine. Let them feel that in their family physician (a class unfortunately becoming scarcer and scarcer before the advancing hosts of specialists) they can ever find a friend whose friendship is not based upon considerations of filthy lucre. Teach them that you need their friendship and confidence in order to be able to put forth your best efforts in their behalf.

Do not say, "Such a course will not pay." Be convinced that if you *need* wealth and honor they will come; if you need them not, your most earnest efforts will not gain them. If their possession is not necessary to your filling your allotted place either as a "high light" or, perchance, even as a shadow, in the universal plan which is unfolding itself through the ages, you cannot force fate and gain

them. If they *are* thus necessary, they will come to you almost unsought.

At all times do your *best*, regardless of the results; these are not under your control. "True philosophy consists in accepting all that happens and all that is allotted as coming from thence, wherever it is, whence man himself comes." His reward is in himself. "The mind is its own place and in itself can make a heaven of hell, a hell of heaven" (Milton).

Now, fare ye well. May a goodly measure of such success as I have endeavored roughly to outline be ever yours, measured not by the amount of income tax you may be obliged by a beneficent government to pay, but by the benedictions of those to whom you have proved yourselves ideal physicians.

LIFE.

Life is a sheet of paper white,
Whereon each one of us may write
His word or two, and then comes night.
"Lo, time and space enough," we cry,
"To write an epic," so we try
Our nibs upon the edge—and die.

Muse not which way the pen to hold
Luck hates the slow and loves the bold;
Soon comes the darkness and the cold.

Greatly begin, though thou have time
But for a line, be that sublime;
Not failure, but low aim, is crime.

—*Lowell.*

ANGINA PECTORIS.—Dr. A. Weber claims that there is no such thing as an essential angina pectoris; it is a syndrom, and indicative of a material lesion behind it; arterio-sclerosis with obliterating endoarteritis, which gives rise both to arterio-sclerosis and atheroma. These symptomatic attacks of angina pectoris are found in various organic heart diseases. In acute pericarditis there have been observed attacks of angina pectoris, yet they are rare. The same holds true in the chronic form. It is not seen in Basedow's disease without complicating arterio-sclerosis, and in those valvular diseases of endocardiac origin it will not appear unless there be associated arterial lesions or hysteria, which is an excellent simulator of organic affections. In acute myocarditis, no true angina. On the contrary, it is more frequent in fatty degeneration, more particularly in cardiac adiposity and in the various forms of myocarditis. In syphilis of the heart, angina may break forth, but only after the syphilis has produced arterio-sclerosis. Diseases of the aorta come under the same heading. Disturbed nutrition from obliterating endarteritis is at the base of all the different diseases in which this syndrom appears, for it is essentially a vasculo-arterial affection.—*Revue Internationale de Bibliographie Médicale*, No. 2, 1894.

EDITORIAL.

ANTHROPOMETRY.

As is well known there have been suggested two methods for the identification of criminals, besides the ordinary personal recognition by the police, viz., the system of Bertillon and that of Galton.

An exhaustive examination of the workings of the two systems has lately been made in England by a committee appointed by the Home Secretary, and their report has lately been published. M. Bertillon's system, which depends upon the measurements of certain parts of the body, was regarded as being particularly favorable for accurate and ready classification. Of the various measurements proposed five are recommended to be taken as least liable to variation in the individual and as being capable of being taken most accurately by the ordinary operator, viz., the length and breadth of the head, the length of the left middle finger, the length of the left forearm, and the length of the left foot.

The system of identification of Mr. Galton, from the impressions of the papillary ridges on the palmar surfaces of the tips of the fingers, the committee regards as more certain than any other, more certain even than personal recognition or identification by photographs. "It is wholly inconceivable that two persons should show an exact coincidence in the prints of two or three, not to speak of ten fingers." Interesting as the facts are in connection with the study of criminology, it is not from that point of view that we here direct attention to them. We would wish to suggest for thoughtful and fruitful consideration the idea of *individuality* so emphatically taught by them. If the seemingly insignificant papillary ridges are peculiar to each individual, and are sufficiently so to form a means of identification not open to error, what possibilities are not opened up to us by the same careful, systematic study and comparison of grosser peculiarities? Let it once be acknowledged that these cannot be accidental, but must have some reason or cause, then will we find in them an incentive for the closest possible study of our patients, as well as of their ailments.

We will learn to classify the various peculiarities and their concomitants, first physical then mental, and thus soon be put in a condition from a very small fraction of an individual to construct the

whole, both for purposes of diagnosis, and, after the *materia medica* has been studied in the same way, for treatment too.

The most superficial observer must have noticed how certain physical characteristics, say of skin or hair, or of shape of hands, or head, while distinguishing individuals, are sufficiently alike in a number to form a class, in which again other physical peculiarities are almost invariably found.

Next will be observed that members of a class are characterized by similar instinctive movements or gestures, indicating similarity of reflex action. Finally, and this step is not a difficult one to take, similarity in dispositions and mentality will be sought for, and, in the majority of cases, found.

Having thus risen from individuals to class, we return and complete the circle by marking the minutest differences in order again to identify the individual, as separate and distinct from all others of the same class.

Now both the systems of Bertillon and Galton touch at a tangential point, if you will, upon two pseudo-sciences, which unfortunately, we think, have been suffered to remain in the hands of charlatans and persons not educated, and hence unfitted to pursue scientific investigations; we mean palmistry and phrenology, including the study of physiognomy. We feel that it requires considerable courage, for which we give ourselves full credit, even to mention these subjects here, and yet the antiquity of the former, and the intuitive use that we make of many of the truths of the latter, would seem to us sufficient excuse for any one who would wish, in his leisure moments, to search for the good in them, which he feels is to be found in everything.

The illegitimate extension of the domain of these branches of study—more particularly of palmistry—so as to cover futurity itself, has done most, we think, to bring them into disfavor. Whoever has followed our line of thought will find no difficulty in believing that the lines in the palm of the hand are as capable of indicating conditions, past or present, of the individual, as are the papillary ridges of the tips of the fingers. The latter are said never to change, and hence are valuable as a means of identification; the former are known to change, without corresponding changes in the uses to which the hand has been put, and hence must have some variable conditions as their causative factors, which might prove interesting subjects for the study of an idle hour—for change of occupation, not idleness, is rest. With a “realizing sense” of the oneness of

all knowledge, and the full force of the truth that there can be no contradictions in science, every line of study will present to us something attractive, and something that can be made use of in the way of advancing our chosen profession.

We will close with a quotation from a paper on "Constitutions and Constitutional Treatment," that we presented to the Pennsylvania State Society in 1875. "If a Prof. Hawkins can construct a gigantic prehistoric monster out of a few fossil bones, why should not the skilled physician eventually be able from the first glance at a present patient, or even from the lock of hair of an absent one, to decide upon the constitution of the individual, the probable character of his complaint, and his constitutional remedy."

THE GERM CAUSE OF APPENDICITIS.

PROF. G. EKEHORN (of Upsala), from his investigations, presumes that almost to a certainty bacteria are the primary disturbing factors in the acute stage of appendicitis—the fæcal matter, dilatation, retarded secretion, etc., being only subordinate factors, and that in all probability the primary changes in appendicitis, catarrh and thickening of the walls are induced by the bacteria.

These changes are the same whether fæcal matter be found or not. The *bacterium coli communis* was present in pure cultures in the contents of the *processus vermiformis*, in a chronic catarrhal appendicitis, in an exacerbation of a chronic catarrhal appendicitis and in an acute gangrenous appendicitis. It was observed, always in pure cultures, in the peritoneal exudation after perforating appendicitis and in the pus from an inter-peritoneal pelvic abscess from the same cause. If his assumption be correct, are we not justified in asking why this disease should at once be relegated to the domain of surgery, or why it should be regarded as the necessary ultimate resource? Would we not be justified in hoping that its early recognition and rational medical treatment might be as likely to produce favorable and lasting results here as they do in the case of other conditions similar both as regards cause and consequence? The results in the case of appendicitis are, it is true, liable very rapidly to pass over into the mechanical, and, consequently, to demand surgical interference. On that very account, however, the physician should be more than ever alert to recognize the incipient symptoms, as well as the danger signals, and to bring to bear all his skill upon the former, so as to prevent the occurrence of the latter.

It is too often the case that when the physician feels that he has in surgery a simple and tolerably safe escape out of a difficulty, he is apt to relax his own efforts in the line of his own method, which are, of course, incomparably more really difficult than are the almost purely mechanical methods of the surgeon. It is only another form of the law of motion in the direction of least resistance.

While we would not for a moment be understood as wishing to detract from the honor due the skillful surgeon, nor as denying the necessity in some cases, and the advisability in others, of operative measures, we would wish, upon the basis of the results of Prof. Ekehorn's investigations, to stimulate and encourage a study of the symptoms both for diagnosis and for treatment which shall be intended to be curative, and not merely as a temporizing expedient until the services of the surgeon should be required. Let physicians be sufficiently versed in the natural course of the disease, so as to be able to know whether and when his remedies have proved futile, but not until then to be frightened by any "devil painted on the wall" by extremists.

FOOT-BALL.

ALMOST simultaneously we see announced the proposed publication during the coming summer of a book on the effects of foot-ball, and of a thorough revision of the rules of the game. The former will endeavor to prove, by a specious array of answers to inquirers, that the effects of the game of foot-ball on the physical and mental condition of all the men who have played in our colleges since the game was introduced in America, are altogether beneficent; that the game may be rough, but is not brutal; that the percentage of permanent injuries is not large, and that the majority of permanent hurts are such as do not interfere with a man's occupation.

If this beautiful picture be correct, why have the college authorities been forced to acknowledge that letters of complaint have reached them from all quarters since the last foot-ball season? Why has it been found necessary to change the rules to the extent that has been done, if all things were proceeding so lovely? And why, finally, must we be obliged to read in the *British Medical Journal* (March 31, 1894) the following list of casualties?

Oct. 28, 1893.—Four broken legs, two concussions of the brain, one broken arm, one broken collar-bone and other serious injuries.

Nov. 4th.—Two fatal accidents and many slight ones.

Nov. 11th.—Two abdominal injuries causing death, seven broken clavicles, five broken legs, etc.

On March 3, 1894, we have two fatal injuries, five broken legs, two broken ribs, two broken clavicles, one broken patella and various other accidents.

Eighteen deaths among players are recorded, besides several which took place among spectators, apparently from excitement.

Whether it is necessary, or even advisable, that a sport should have so large an element of danger as this record shows, we think is open to question, and whether the eighteen lives were well sacrificed on the altar of the Moloch of athletics may at least be doubted.

What good effect the drilling and coaching of a picked eleven may have upon the physical culture of the rank and file of undergraduates, and in how far the sight of the bruised and unsound bodies of the team after a contest may contribute to giving the others sound bodies for their desirably sound minds, has never, we think, been clearly shown.

We are decidedly in favor of physical culture, but not only for the few, but for the many—for all. What is the inevitable tendency of the introduction of such games as require exceptionally vigorous and daring participants? Naturally, we think it will be to divert the attention from the modest but far superior general means of physical culture to those which, through the meaningless worship of brawn by beauty and fashion, have gained for themselves an undeserved reputation for utility in this respect.

Let college athletic contests be confined to college fields; strip them of the adventitious glamour and glitter that have come to be connected with them, and nothing more will be needed to reduce them to their proper level. Physical culture—systematic, constant, regulated—will then take the place of training for contests, and all will be benefited and none injured, at the same time that the colleges and universities will again become seats of learning, and not merely the headquarters of various athletic teams.

THE DENVER MEETING.

THERE seems to be some confusion about the arrangements for the Denver trip from the *East*. The American Institute of Homœopathy, at the Chicago meeting, held June, 1893, appointed a Committee of Transportation to take charge of this matter. This com-

mittee, at considerable cost of time and labor, has secured a special rate, from Chicago to Denver, of a round trip ticket, good for thirty days, for a single fare, *i.e.*, \$27.50, and from eastern points to Chicago and return for a fare and a third, *i.e.*, a round trip ticket from Philadelphia to Chicago for \$24; the total fare being from \$51 to \$52. Pullman sleeping-car accommodations for round trip \$22 additional, or \$74 in all.

The official American Institute train, carrying the President, officers, and active members of the Institute, will leave *Chicago* at 6 P.M. on Tuesday, June 12, 1894, going to Denver *via* the Chicago and Alton and the Union Pacific railroads. Trains advertised to start from other places or at a different hour are not "the official," so do not get them mixed. Your committee, working for you, by and with your authority, calls your attention to this Tuesday, June 12th, 6 P.M. *Chicago* train, and urges all eastern members of the Institute to secure reservation of space in the Pullman sleeping cars by notifying C. E. Fisher, M.D., Chairman of Transportation Committee, 31 Washington Street, Chicago, Ill. By so doing you will give your support to your committee's arrangement. Arrangements will be made so that New York, Philadelphia, Baltimore, Washington, and other places *en route* can unite on a train with special accommodations, meeting the Pittsburgh party, and arrive in Chicago in ample time to take the 6 P.M. train.

AN EDITORIAL ASSOCIATION.

AT the Atlantic City meeting of the American Institute of Homœopathy, the subject of an Editorial Association was broached, but time not being opportune for such an organization, the project was dropped. Attempts at a revival of interest in the matter were made at the Washington and Chicago meetings. Increasing interest in the matter was evinced, but not sufficient to guarantee success. At the Denver meeting a determined effort will be made by those who have the matter deeply at heart to form an editorial association for the promotion of fellowship and good feeling among its members and for mutual benefit. The HAHNEMANNIAN will do its utmost to further the success of the movement.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D.,

FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

THE PNEUMONIA OF INFLUENZA.—Dr. A. Albu states the characteristic typical pneumonia of influenza to be broncho-pneumonic, catarrhal, and thus resembling that of measles, diphtheria, and other infectious diseases, but with the following characteristics:

1. Preceding pneumonic symptoms; dulness over the infiltrated portions of the lung is wholly absent, or but slight, and limited to a small spot and rapidly disappearing. The respiration is heard to be bronchial and is often the only sign of infiltration; râles are very numerous.

2. The sputa are yellow, frothy and not like prune juice.

3. The fever most frequently begins without an initial chill, does not reach such a height as in the ordinary form, and ends in lysis.

4. Its course is less acute; weeks are sometimes necessary for complete absorption. Convalescence is longer and more difficult. Dyspnoea, cyanosis and pain are fully as often present as in other forms. Pleuritis complicates more frequently in gripal pneumonia than in the croupous form; the exudate is absorbed slowly and it rarely goes on to suppuration. A secondary streptococcal infection is quite liable to follow with consequent empyema which may pursue a malignant course. Gripal pneumonia is followed by more severe complications than the croupous form; abscess and gangrene of the lung, from necrosis of the attacked spot; numerous small abscesses of the size of a cherry. If such a necrotic spot be near the surface of the lung it is liable to break into the pleural cavity and cause empyema.—*Hospitals Tidende*, No. 10, 1894.

TUBERCULOSIS AND PULMONARY SYPHILIS.—Prof. Potain, of Paris had a case under observation where the patient was apparently suffering from pulmonary tuberculosis, yet certain diagnostic measures led to regard it entirely syphilitic. Pulmonary syphilis is distinguished from tuberculosis by the following peculiarities:

1. The area of dulness is clearly outlined and is surrounded by normal lung tissue, without any transition. Though the apices are frequently affected the involvement of the middle (or the base) is only of certain diagnostic value. Local inflammation as in tuberculosis is absent, in syphilis. Dyspnoea is more marked; hæmoptysis is rare and less abundant while the fever is not so intense. The cachectic appearance of consumptives is lacking and the health generally fair even with extensive involvement. Syphilitic pulmonary complications appear towards the end of the secondary period though they may set in later. Other parts of the respiratory tract may be affected; larynx bronchi (syphilitic bronchitis), which appears early and is very obstinate to ordinary treatment though it rapidly yields to anti-syphilitic measures. In many cases syphilis and tuberculosis are associated; the former opens the way and is followed by tuberculosis. Syphilis prepares the field for tuberculosis; for the tubercles are observed to develop in the gummata especially. Anti-syphilitic treatment in pulmonary syphilis gives good and rapid results. In combined forms the mixed treatment may be tried; inunctions of mercury and large doses of the iodide for a long time.—*Revista de Ciencias Medicas de Barcelona*, No. 5, 1894.

CARCINOMA OF THE STOMACH WITH A COLOSSAL ENLARGEMENT OF A LEFT SUPRACLAVICULAR LYMPHATIC GLAND.—Prof. R. Lépine reported the case of a traveling salesman of forty-eight years, who came under his observation with dyspeptic symptoms, vomiting of occasional blackish masses two hours after meals, cachexia, emaciation, dilatation of the stomach though no tumor could be felt; the

conjunctive slightly icteric. On the left side of the lower portion of his neck there was an enlarged lymphatic gland of the size of a hen's egg, but slightly movable, or painful and adherent to the skin. The tumor was noticed five months before the vomiting began and while his digestion was still good. Since then it had grown gradually without disturbing him. A slight degree of ascites. No other enlarged glands in other portions of the body. Death in a few days. The necroscopy revealed a carcinoma of the pylorus, which had ulcerated and extended into a great portion of the pancreas so as to compress the hilus of the liver. Such an extensive glandular involvement with carcinoma of the stomach is rarely observed, and with the absence of gastric tumor one would rather diagnosticate a mediastinal neoplasm but the signs were absent. It is known that in certain cases of carcinoma of the stomach a small and hard swelling of the left supraclavicular glands may be observed, and though it is rare it may be of service when the diagnosis vacillates between gastric ulcer and carcinoma. It generally is observed late in the course of the disease.—*Deutsche Medicinische Wochenschrift*, No. 13, 1894. (In certain cases of malignant growths of the lungs an enlarged supraclavicular gland may be seen. The French literature has recently presented a few such cases where the diagnosis was confirmed by the necroscopy.—EDS.)

TRACHEAL TUGGING IN ANEURISM OF THE TRANSVERSE PORTION OF THE AORTA.—Dr. Martin-Durr published a case where diagnosis of the transverse portion of the aorta was made out by this characteristic physical sign. Though accepted in England, America and Italy this valuable aid to diagnosis has not been employed in France. The transmission of the pulsation is not due to compression of the tracheal bifurcation alone for it is not present in tracheo-bronchial glandular disease nor in hypertrophied glands but when the tumor presses from above downwards upon the tracheal branches. The procedure is as follows: the patient standing, he is told to close his mouth and elevate his chin as high as possible and to keep it thus. Take the cricoid cartilage between the thumb and forefinger and press it gently upwards. If there be a dilatation or an aneurism the pulsation of the aorta will be distinctly felt, transmitted through the trachea to the hand. Examination thus will increase the laryngeal dyspnoea if it be present.—*Gazette des Hôpitaux*, No. 35, 1894.

INTRA-INTESTINAL INJECTIONS OF HOT WATER FOR THE RELIEF OF SHOCK, PARTICULARLY FROM HÆMORRHAGE.—Rutherford has reported the case of a boy 9 years old who was accidentally shot in the thigh. There was not much bleeding from the wound, but the leg soon became badly swollen and discolored. Examination showed that the swelling and discoloration arose from an extravasation of blood into the tissues, and it was decided to cut down upon and tie the bleeding vessel (the femoral artery), as the almost bloodless condition of the boy forbade the performance of amputation. In the course of the anæsthetization the pulse began to grow weaker, and doubts were felt as to the possibility of proceeding with the operation. In the hope of stimulating the patient, a quart of hot water, containing a small quantity of salt, was pumped into the rectum by means of a catheter introduced deeply and connected with a Davidson's syringe. The pulse at once grew stronger and the skin assumed a more healthy appearance. The pulse again weakening after a lapse of fifteen minutes, two quarts of hot saline solution were injected into the rectum, the tube being introduced for a distance of seventeen inches. The presence of fluid in the bowel caused an appreciable fullness of the abdomen, which rapidly subsided as the fluid was absorbed. Toward the completion of the operation, two quarts of water had again to be injected, the tube being introduced for a distance of twenty-three inches. The pulse now became strong, and the patient presented a better appearance than at the beginning of the operation. He lived for fourteen days, ultimately dying from septic infection and exhaustion consequent upon gangrene.—*Rhode Island Medical Monthly*, vol. i., No. 9, p. 458.

IRRIGATION OF THE STOMACH IN INCOERCIBLE HICCOUGH.—Dr. Gallant describes a case in which this unpleasant symptom had lasted for three days, the attacks occurring at intervals of one or two minutes. During sleep no singultus occurred. Temporary relief was obtained by the administration of hydrochlorate of cocaine and hydrochlorate of pilocarpine. The hiccough reappeared and was more pronounced. Suspecting it to be of gastric origin, Dr. Gallant washed out the stomach. Immediate relief was afforded, and the spasms promptly disappeared. A second case of obstinate hiccough which resisted chloral, opiates, ether, and bro-

mides, responded to catheterization of the bladder, which was distended, and relief was temporarily obtained for about eight hours. Lavage of the stomach caused an entire cessation of hiccough in this case also.

Gastric irrigation being a simple and harmless procedure, it ought to be resorted to in every case of obstinate hiccough, whether of gastric origin or due to nervous irritation. In nervous hiccough, favorable effects ought to be produced by diminishing the reflex irritability of the nervous system, as was shown in passing a catheter in the case above described.—*Med. Week*, vol. i., 44, 1893.

THE HOT BATH IN TREATMENT OF DISEASE.—Prof. Baelz, of Tokio, Japan where the hot bath is taken daily by the average Japanese presents the following indications for its use:

1. Before going into the bath pour a little water upon the head or cerebral anæmia and fainting attacks may come on. Higher temperatures are better tolerated in the sitting position than lying. Leave the bath as soon as a sensation of cerebral congestion or palpitation of the heart is remarked.

2. In pneumonia and capillary bronchitis, especially of children it is nearly a specific. It acts like a sinapism over the whole skin. In croupous pneumonia its action is not so manifest. In cases of great hyperæmia of the bronchial mucous membrane its influence is striking; the respiration becomes quieter, the pulse improves, the patient breaks out into a sweat, there is less cough and a quiet sleep follows. The baths may be repeated according to necessity. The temperature may range from 40–42° C. If the fever is high the patient is immersed only up to his nipples and the face is douched with cold water. Five to fifteen minutes will then suffice; if less fever, then longer.

3. In rheumatism the action is often good.

4. In nephritis the hot bath has long been employed in Japan, which shows that the danger to the heart is not so great as is generally supposed. In cholera he has not gotten the favorable results reported by others. One should not keep such patients in a hot bath or their hearts will fail.

5. In menstrual disturbances it is greatly employed by Japanese women. A hot bath immediately after violent exertions is very refreshing.—*Medicinische Neuigkeiten*, No. 13, 1894.

THYROID FEEDING IN CRETINISM.—Dr. John Thomson gives a report on a cretin treated for a year by thyroid feeding. The patient, at the date of this report, was aged nineteen years and eight months. During the year he had grown 4½ inches, his growth having been stationary during the preceding fourteen years. His hair and skin have become normal; his fatty tumors and umbilical hernia have disappeared, and his body altogether now is more shapely. His mental progress, though not so great as the bodily, has been distinct. Dr. Thomson calls attention to the following points: With the exception of the first two or three weeks, when too large a dose was given, the treatment has caused no inconvenience at all, and it has not been necessary to confine the patient to bed or even to the house. It has been pointed out that it might be preferable, on theoretical grounds, to give the thyroid in small doses frequently, rather than in larger quantities at longer intervals. Experience seems to show, however, that the full effect can be obtained without any drawback by giving it twice a week; when the raw gland is given this arrangement is of course more convenient. The patient at the time of the report was taking, without the slightest discomfort, the same dose (half a thyroid, twice a week) that a year before had made him very ill; and it seemed probable that the dose would have to be increased if the full amount of improvement is to be maintained.—*Edin. Med. Journ.*, February, 1894.

HEREDITARY CHOREA.—Two cases of hereditary chorea, occurring in twins, have been published by Dr. J. W. Russell. The father had suffered from increasing chorea the last nine years of his life. The paternal grandmother of the patients was said to have been mentally deficient, and to have suffered from some disorder of the limbs. The first patient, Joseph A., aged 34, has had some choreiform movements of the face, trunk, and limbs, for seven years, coupled with many extremely irregular movements, especially of the trunk and limbs; there is a decided tendency toward the constant repetition of a few more definite actions. The kneejerks are exaggerated, and slight ankle clonus can usually be obtained. The mental condition appears to be a little impaired. The twin brother is similarly affected; in his case, also, the affection first made its appearance seven years ago. During

exertion, movements of the arms and trunk are present very similar to those in the brother's case, and the spastic character of gait is evident. The reflexes are greatly exaggerated, and ankle clonus is easily obtainable. In both cases, the absence of any considerable degree of mental deterioration, after a lapse of seven years, is somewhat unusual.—*Birmingham Med. Rev.*

DILATATION OF THE STOMACH.—Sir William Broadbent says that it is not easy to draw a line between mere distension and dilatation of the stomach. Theoretically, we should say, that actual dilatation existed when it tolerates passively the presence of gas, and does not clear itself of contents after digestion. The causes of dilatation are such as give rise to indigestion and flatulence. First among them stands improper food and feeding, over-feeding, bulky farinaceous articles, green vegetables of the cabbage tribe, habitual taking of food between meals, taking food when fatigued, and the rush from work to food. Other causes are—hereditary or congenital tendency to dyspepsia; injury to the stomach by improper food in infancy; neurosis, which is a potent cause; and anatomical conformation, when the pylorus is suspended high up in the epigastrium by a short lesser omentum. The symptoms which are more or less characteristic of dilatation may be classified as gastric, mechanical, reflex, and those due to ptomaine poisoning. Of the gastric symptoms, the most characteristic is copious vomiting. Eructation of gas is sometimes a symptom; the breath may be offensive; the tongue is slimy-looking, large, soft, flabby, and indented. One of the most serious effects of dilatation is upward displacement of the diaphragm and pressure upon the thoracic viscera, the symptoms being palpitation with irregular action of the heart, and oppression and difficulty in breathing on lying down, with sleeplessness as a very common effect. Other symptoms are vertigo, night-mare, violent startings on going to sleep, and other illustrations of reflex disturbance, loss of flesh, and a dark, sallow hue. The symptoms set down to ptomaines are, headache, depression of spirits, and morbid ideas. The definite diagnosis rests upon physical signs; these are, abnormal extension of gastric resonance with a tympanitic echo of the heart-sounds over this area, splashing and tinkling of water falling into the viscus, and actual measurement of the capacity of the stomach by the stomach tube. The normal capacity for water, ascertained by this method, averages one to two pints; dilatation exists when the amount is three pints or over.—*British Med. Journ.*

NEW SIGN OF ASCITES.—Dr. Garciadego recommends the following method as a certain means of diagnosing small effusions into the peritoneal cavity. Placing the patient on his back in an inclined plane of forty-five degrees, the index finger, well greased, is introduced into the rectum, in order to examine the peritoneal fold, in men; in women, the posterior vaginal *cul-de-sac* is examined. If any effusion exists in the peritoneal cavity, no matter how small it may be, gravity will cause the liquid to descend to the most dependent parts, and in consequence of the position in which the patient is placed, it will gravitate towards the posterior part of the pelvic portion of the peritonæum. The exploring finger will clearly discover fluctuation, and to make sure that it is produced by a peritoneal effusion it will suffice to change the patient's position, while the surgeon's finger continues in contact with the postero-superior part of the rectum. The liquid will then be observed to shift to the side on which the patient lies in his new position; fluctuation will immediately disappear, because the fluid which produced it has changed place and it cannot any longer be recognized by the examining finger. If the patient is again placed in the former position, fluctuation is at once felt, a circumstance which permits the surgeon to make sure, in the most positive and satisfactory manner, of the existence of an effusion. Practice has shown the value, certainty, and importance of this diagnostic sign.—*The Medical Record.*

DIAGNOSIS OF TYPHOID FEVER.—Prof. Potain, of Paris, in a recent lecture at the Charité, considered the diagnostic points of typhoid fever. As it generally lasts twenty-one days, a disease less than ten days' duration is not typhoid fever. In intensity it may be greatly diminished, as in the ambulatorius type, where intestinal perforation is so prone to appear. The temperature may remain, in rare cases, normal or even subnormal, and return to normal on recovery. These forms may be associated with grave symptoms, as meningitis, and be fatal. The abdominal symptoms may be vague. Constipation is the rule, in the first week, with diarrhoea after then. Gurgling in the right iliac fossa and painfulness on pressure are cardinal symptoms in the majority of cases. Typhilitis is the only disease presenting

here similar symptoms. The eruption appears in the second week; incipient acne only resembles, and that appears on the back. Though characteristic, it may be absent in the abortive forms. When ataxia and adynamia predominate, a meningitis may be simulated, and again a meningitis may be a complication. The ataxia is sometimes accompanied with convulsions, trismus, stiffness of the neck, but these are rare. There are two eminently characteristic signs: stupor and swelling of the spleen. The stupidity and marked change in the general mind of the patient are characteristic. The enlarged spleen cannot be made out by palpation but by percussion. Above, percuss deeply, and below, superficially. Cutaneous eruptions resembling scarlatina or measles may serve to obscure the diagnosis. Intestinal hæmorrhage or perforation, with fall of temperature, may be the first symptoms observed in an obscure case. General peritonitis may be associated, or again it may be due to extension of a pericæcal inflammation; here diagnosis is a delicate affair. A chronic enteritis may be a sequel and lead to a fear of an apparent relapse, though here the temperature does not rise again with reappearance of characteristic symptoms. Fæcal accumulation may also simulate typhoid fever; a purgative will then end the trouble at once. Cerebral anæmia during convalescence may also simulate meningitis, but then the temperature is normal, the pulse very weak and the patient extremely pale. Inflammation of the middle ear is sometimes accompanied by grave general symptoms. Typhoid fever may begin as a pneumonia, pneumo-typhoid of the Germans. Then examine the spleen carefully. At the tenth day purulent arthritis may obscure the diagnosis. Typhoid fever furnishes a favorable soil for the development of tuberculosis.—*L'Union Médicale*, No. 34, 1894.

A NEW SIGN OF INTESTINAL OCCLUSION FROM INCARCERATION OF THE INTESTINE.—Dr. Gangolphe, of Lyons, from a series of cases both from personal observation and the literature has found that incarceration of the intestine gives rise to a sero-sanguinolent effusion into the free peritoneal cavity which is evidenced by the appearance of bilateral dulness on each side of the abdomen, while in the female the posterior vaginal cul-de-sac is distended. From his experiments in the laboratory he finds that great constriction of an intestine, with a ligature, will not give rise to any effusion, while constriction with a rubber ring rapidly produces, from the incarcerated and congested gut, an effusion which is the greater the longer the involved loop of intestine. It is not the result of a peritonitis, for the serous investment is of a normal appearance, but beneath there is extravasated blood and the mucous membrane is much congested. Hence, if in the course of a laparotomy, one discovers sero-sanguinolent fluid, one should look carefully for an incarceration (without peritonitis or neoplasms) before closing the wound, for, if undiscovered, it would only condemn the patient to a certain death, if not removed.—*Lo Spirituale*, No. 6, 1894.

ASCITES CONNECTED WITH NUTMEG LIVER.—Dr. J. S. Bristoe says that the nutmeg-like cirrhotic liver tends, though in a lesser degree, to interpose an obstacle to the free escape of venous blood from the abdomen, and thus to the production of ascites. His own experience, however, leads him to believe that ascites as a consequent of nutmeg liver is comparatively uncommon. Even if no structural impediment were present, there would still be a tendency (in cases of obstructive cardiac or pulmonary disease attended with great systemic venous congestion) to a relatively greater degree of sluggishness of blood-flow and of congestion in the portal circulation and elsewhere, owing to the fact that the blood would, from having to pass through a system of capillary vessels before reaching the cava, suffer in a greater degree from resistance *a fronte*. The second case related in his lecture in connection with the ascites presented three interesting clinical phenomena: first, a layer of fluid intervened between the liver and the parietes, recognized by prodding with the finger perpendicularly inward; second, a fluid wave could be both seen and felt, due to each contraction of the right side of the heart, commencing in the scrobiculus and spreading over the whole abdominal surface; third, in connection with peritonitic symptoms, very distinct, coarse crepitation could be heard attending the respiratory movements. In all cases there was, in addition to the mitral disease, aortic regurgitation, which was not recognized during life or was recognized with difficulty. The abdominal dropsy does not, in his opinion, as a rule, call for special treatment. The treatment which is appropriate in obstructive cardiac disease is the treatment for this particular complication.—*American Journ. of the Med. Sci.*

VASO-MOTOR ATAXIA.—A contribution to the subject of idiosyncrasies comes from the pen of Dr. Solomon Solis-Cohen. He states that by the term vaso-motor ataxia he designates the condition of instability of the mechanism of circulation present in certain persons, characterized by abnormal readiness of disturbance, with tardiness of restoration, of the equilibrium of the cardio-vascular apparatus. The manifestations may occur apparently spontaneously, but often there is a recognizable exciting cause. Among the influences acting as excitants are temperature, especially cold, toxic agents formed in the body or introduced from without, visceral or internal reflex excitation and emotion. The phenomena indicate a defect of central inhibition—the expression, probably, of functional or nutritional aberration in the great ganglia of the visceral nervous system, in the medullary centres, or in both. Vasomotor ataxia may be acquired as a sequela of disease, may be congenital or inherited; it is often present in several members of the same family. In some cases the phenomena are of paretic, in others of spasmodic, character. In exophthalmic goitre, especially such cases as are produced by emotion or are markedly intermittent, is found the extreme type of the “relaxing” variety. The form of Raynaud’s disease known as “local syncope” furnishes an extreme type of the “constrictive variety.” Dermographism is an essential feature of the condition, and in most cases factitious urticaria can be readily produced. There is usually a hæmorrhagic tendency; even in the absence of hæmaturia, red blood-cells are often found in the urine. In many cases there has appeared to be morbid alteration of the thyroid gland. The action of the heart is usually rapid, irregular and easily disturbed; palpitation is common, and intermittent tachycardia has been noticed. Many other symptoms are found, most of which are fundamentally related, as effects of a common cause or as secondary results. In making the diagnosis of simple vasomotor ataxia, it is necessary to exclude primary organic disease.—*Ibid.*

TREATMENT OF CYSTITIS.—Dr. von Frisch though admitting the propriety of the general rule that acute cystitis is best treated by internal medication and the chronic form by topical treatment, claims that there are exceptions to this rule in that local measures are useful in the acute form and washing out the bladder is more harmful than useful in certain chronic cases. Salol or the salicylate of soda will often considerably ameliorate a chronic cystitis while instillations of a solution of nitrate of silver will often yield remarkable results, in acute cases. Irrigation of the bladder is indicated in case that there is an abundant formation of pus in the urine and when there are vesical diverticula. It is contra-indicated in chronic cystitis with ulcerations, and when instillations are liable to cause a solution of continuity of the mucous membrane. In these cases a 1.5 per cent. solution employed as an instillation will give good results. He has never seen any inconveniences from its use. On the contrary, he has observed cases that had resisted irrigation for months and be cured after a few weeks of this treatment.—*La Semaine Médicale*, No. 13, 1894.

FEBRILE AFFECTIONS WITH NORMAL OR SUBNORMAL TEMPERATURE.—Prof. J. Teissier, of Lyons, France, in a recent lecture at the Hôtel-Dieu Hospital of that city recently considered these interesting cases which are occasionally met with in different febrile diseases; for instance, see *HAHNEMANNIAN MONTHLY*, April number, page 241: L. W. Flinn. A case of low temperature in low fever, with recovery. Pneumonia may pursue its course with a normal or subnormal temperature and yet present all the other characteristic symptoms of the disease. The same holds true of scarlatina. Here the eruption may either be very faint and non-pronounced or it may be intense and well-developed, without a corresponding elevation of temperature. Attacks of ague are accompanied by low temperatures, not pernicious algid fever, but ordinary attacks. More rarely is a low temperature observed in typhoid fever though cases have been observed where the entire affection ran its course with a normal or subnormal temperature, a return to the normal being observed with convalescence. Such cases are quite rare though those with a partial development of the disease with low temperature are not so uncommon. The temperature falls regularly, the pulse slows in correspondence, the characteristic eruption appears and the spleen increases in volume with the other characteristic symptoms preceding; intense headache, gurgling in the right iliac fossa, epistaxis, depression, loss of appetite and sleep and appearance of diarrhœa. The grippe is the disease most prone to develop without fever and these are by no means the most benign forms necessarily, for some of these afebrile cases are the most malignant. In fact, all febrile diseases may pursue a typical course with the ex-

ception that the temperature is either normal or subnormal. The causes are still a matter of investigation. Some writers claim that this peculiarity is due to certain products formed by the micro-organisms which exercise a lowering effect upon the temperature. There are cases which may be explained thus while others are apparently due to nervous influences.—*La Semaine Médicale*, No. 25, 1894.

HYPODERMIC ALIMENTATION—An interesting account of this unusual procedure is reported by Dr. F. M. Caird, Edinburgh. A man was admitted to the Royal Infirmary suffering from stricture of the œsophagus. He had lost much flesh and was extremely weak. He had been nourished per rectum, and also constantly sipped liquid foods; but in spite of this, was steadily growing worse, as very little of the food swallowed passed the stricture, the greater part being returned.

Gastrostomy was proposed, but the patient refused to submit to the operation, on account of his great weakness. "I thought," says Dr. Caird, "that we might sustain his strength a little more, and even improve him sufficiently to warrant gastrostomy by hypodermic alimentation. Sterilized olive oil was accordingly injected into the subcutaneous tissues. The house surgeon found that intra-muscular injections gave rise to no discomfort, and these were used, the gluteal region being selected. For a week the patient received three or four ounces of oil in this fashion, and, under treatment, experienced benefit. It is true, it did not appreciably increase his temperature, but his general condition, more especially mental, distinctly gained. He now gladly welcomed the operation of gastrostomy." However, his strength was not equal to the strain, and he died suddenly, six days after the operation. It was found at the autopsy that perforation had occurred, an ulcer having given way.

Dr. Caird adds, "There seemed to be no limit to the amount of oil which the patient could tolerate. It gave no inconvenience, not even pain, when injected into the tissue of a muscle, and it was rapidly absorbed. Sugar was occasionally combined with the oil. None of the skin punctures inflamed."—*Edinburgh Medical Journal*.

DIETETIC TREATMENT OF CHRONIC CONSTIPATION IN INFANCY.—Dr. L. Emmett Holt remarks that in infancy the bulk of the feces consists of fat and casein. The stool of a healthy infant nursed exclusively at the breast contains from 20 to 40 per cent. of fat, and this fact would seem to indicate that nature requires that the infant's food should contain more fat than can be absorbed, the excess of fat being useful to act as a laxative. Habitual constipation in infants is mostly seen in those who are not thriving, and an examination of the breast milk will show it to be deficient in fat, while casein is usually in excess. In some instances, however, it must be acknowledged that the infant thrives in spite of its constipation, and in such cases it is probable that there may be enough fat in the milk for the nutrition of the infant, but not enough to keep the bowels of the proper consistence. Infants fed on diluted cow's milk, or on condensed milk, are, as a rule, constipated, as in these cases the food is deficient in fat. Human milk contains about 4 per cent. of fat, cow's milk about a half per cent. less on an average. It is evident that if the cow's milk is diluted the fat will be in a much smaller proportion than in human milk. In such cases the fat is all absorbed, and hard lumps of curd are left to form the feces. The remedy is to be found in substituting a food made by diluting a 12 per cent. cream with twice its bulk of sugar water; in most cases the stools at once become softer in consistence. In breast-fed children a teaspoonful or two of cream may be given before they are nursed. Cane sugar or milk sugar have little effect upon the constipation, but maltose certainly has a laxative action. Starchy foods, as a rule, tend to constipate, though coarsely ground oatmeal appears to be an exception. Excess of casein in the food aggravates constipation.—*Archives of Pediatrics*, vol. x., No. 9.

PILOCARPINE IN CROUP AND CROUPOUS CONDITIONS.—Dr. C. Sziklai, of Hungary, claims to have found in pilocarpine a specific for croup and croupous states; croupous rhinitis, conjunctivitis, laryngitis, bronchitis, pneumonia, nephritis, cystitis, etc. Its action is manifest at once; in croupous laryngitis a cure may be expected in a few hours and in croupous pneumonia in two to three days. It is immaterial whether it be given internally or subcutaneously. In urgent cases as where life is threatened and in advanced stages of laryngeal croup it is best given subcutaneously. The duration of the disease is shortened, the mortality reduced to nothing. It also acts as a prophylactic. It may be employed in double the official dose, without danger.—*Muenchener Medicinische Wochenschrift*, No. 15, 1894.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D.

EXCISION OF THE PROSTATE.—Nicol (Glasgow) has tried in two cases, with success, a modification of the present methods for removal of the prostate. Previous experiments were made on the cadaver to find a means of doing away with the dangers and disadvantages of the operations in vogue. These seem to be hæmorrhage, sepsis, insufficient removal of prostatic tissue, unnecessary tearing out of portions of the bladder and deep urethra. He proposes a submucous removal of the entire prostate, or as much of it as may be deemed necessary, by a combined supra-pubic and perineal operation.

The technique is as follows: A supra-pubic cystotomy is performed, no rectal bag being used, or, if used, removed as soon as the bladder is opened. The incision in the bladder is a free one, and the walls of the viscus are fastened to the skin by four sutures. The bladder is then thoroughly cleaned by frequent douching, and the patient placed in the lithotomy position. A sound is passed through the urethra, and with the left forefinger in the rectum as a guide, the perineum is opened in the median raphé, and the incision deepened until the apex of the prostate is reached, but without penetrating the urethra. The rectum is carefully separated from the posterior surface of the prostate, and if more room is needed, the median incision is supplemented by one or two lateral ones (Dittel) curving outward and backward from its lower end to a point between the anus and the posterior end of the ischial tuberosity, nearer the former than the latter. A vertical incision is made through the posterior and inferior part of the prostatic capsule, which is gradually peeled off the gland to either side by means of a blunt instrument, an assistant meantime pressing the prostate into the perineal wound from above with his fingers within the bladder. The enlarged prostate is more easily reached than a normal one. Hæmorrhage having been arrested, the operator introduces two fingers of his left hand through the supra-pubic wound, presses down the prostate, which is now quite movable, and removes with the fingers of his right hand, aided, if necessary, by a periosteum elevator or a Volkmann spoon, the entire gland or portions of it. The amount removed will vary, the object being to relieve the neck of the bladder from all pressure and bring it down to a level with the post-prostatic pouch. Manipulation between the fingers of the two hands will indicate when this has been accomplished. Neither the bladder nor urethra is opened from below. Should a rent occur in the mucous covering of the prostate, the opening should be immediately sutured. The perineal cavity is cleansed and packed and the bladder drained through the urethra and supra-pubic wound after the stitches in the latter are removed.

If there is a marked intra-vesical projection of the middle lobe, its removal can be undertaken a week or ten days later, when it can be twisted off or excised after the mucosa has been reflected from it.

In both cases operated on a bougie was introduced into the ureters, to serve as landmarks. It is more than likely that the vesiculæ seminales and portions of the vasa deferentia were removed. This is of comparatively small importance in such cases, even if atrophy of the testes follows.—*Lancet*.

TREATMENT OF DEPRESSIONS IN THE SKULL OF THE NEW-BORN.—Jennings (New York), in a paper read before the Medical Society of the State of New York, reports a successful trephining, in an infant forty hours old, for a marked depression of the left frontal boss. After elevating the surrounding bone, the button was replaced; no anæsthetic was used, and there was no shock; no vessels required ligation. The wound healed by first intention, and the babe made an uneventful recovery.

The plan of leaving the cure of these cases to nature, is not justifiable in the present age of advanced cerebral surgery, for, while some cases recover, many others develop hemiplegia, epilepsy, or impaired intellect; while many others, still, die shortly after birth, who might have been saved. Pneumatic traction should first be tried, and if it fails, trephining should be resorted to. Frontal depressions, particularly, rarely correct themselves, and trephining, *per se*, is not a dangerous operation.

In the presence of symptoms, operation should be undertaken at once; in their absence, should the depression still be exaggerated at the end of two weeks, the deformity should be corrected, and subsequent brain trouble averted.

OPERATIVE TREATMENT OF TUBERCULAR MENINGITIS.—Ord and Waterhouse (London) report a very interesting and unique case diagnosed as acute tubercular meningitis and treated by trephining and drainage of the subarachnoid space, with complete recovery.

A girl of five years, previously in good health and without tubercular family history, or of otorrhœa or fits, was taken, five weeks before being seen by the writers, with acute increasing pain in the head referred to the forehead, occasional vomiting, anorexia, constipation and peevishness. She was very restless at first and uttered shrill screams with increasing frequency. She lay with her head bent forward and her legs drawn up, was dull at first, then apathetic, and, finally, showed that coma was impending. The knee-jerks were normal, the abdomen was retracted, the face pale, and the *tâche cérébrale* well marked. The pupils were contracted at first, dilated later, and the ophthalmoscope showed double optic neuritis, more advanced on the left side. There was no ptosis, strabismus or retraction of the head. The temperature was 101°, the respiration regular, but the inspiration long drawn, while the pulse, which was regular and about 100 at first, soon wavered, suddenly changing from 70 to 120. The ear drums were normal.

Operation was undertaken to relieve the intra-cranial tension which threatened to quickly prove fatal. The left cerebellar fossa of the occipital bone was exposed by a curved incision with the convexity upward, commencing below and behind the mastoid process and terminating beyond the external occipital crest. The pericranium and scalp were turned down in one flap. A three-quarter-inch trephine was applied midway between the external occipital crest and the mastoid process. The dura bulged and did not pulsate. This membrane and then the arachnoid were incised and a few drops of greenish serous fluid escaped, the cerebellum quickly bulging and closing the opening. A silver probe, the terminal half inch of which was bent to a right angle, was inserted between the cerebellum and arachnoid inwards towards the *falx cerebelli*. As soon as the latter was felt, the probe was rotated, so that the end projected forward into the large subarachnoid space between the cerebellum and the medulla. Considerable fluid escaped and a drainage-tube was passed along the probe and left in position. The dura was sutured and the disc of bone replaced after being cut up in small fragments. The flap was accurately sutured, the drain being brought out at its centre.

The improvement was immediate and continuous. For several weeks there was a hectic condition with extensive variations of temperature, while the wound was suggestive of tubercular infection. A large quantity of fluid was discharged through the tube, which was removed on the eighteenth day. At the end of three weeks the temperature became normal and remained so.—*Lancet*.

TO FIND THE UPPER END OF A SEVERED TENDON.—Félizet has succeeded in finding the upper end of a severed tendon in the hand, after relaxation of the muscle by flexing the forearm had failed, by completely extending the neighboring finger or the two adjoining fingers. By means of certain delicate fibrous bands passing between the flexor tendons in the great carpal sheath, the upper end of the severed tendon is brought into view by traction on (extension of) its fellow.—*Bulletin de la Société de Chirurgie*.

TREATMENT OF INGROWING TOE-NAIL.—Tousey (New York) uses Cotting's operation in cases in which trimming the nail and the application of caustics has failed. One side of the nail is usually imbedded in a mass of indurated tissue surmounted by a layer of exuberant granulations.

Cocaine is injected hypodermically and no constriction is made about the toe. The scalpel is held vertically with its edge forward and its point at the side of the nail close to the root. It is then pushed vertically completely through the toe close to the side of the nail; by a sawing motion the knife is carried forward, converting the part of the toe outside of the nail into a flap. The edge of the knife is then turned backward and this flap is entirely severed by an oblique cut outward and backward. The nail is not cut at all and the matrix is not even exposed, but the side of the toe is hollowed out so that the side of the nail projects at all points

beyond the flesh. The area thus denuded is about the size of a silver quarter of a dollar, and in Cotting's operation is left to heal by granulation under antiseptic gauze and then balsam of Peru, healing being complete in three to five weeks.

To shorten the time of healing Tousey makes use of Thiersch's skin grafts. Iodoform gauze, cotton and a firm bandage are applied at the close of the operation to arrest bleeding. Two days later the gauze is soaked off with sterilized salt solution. The surface is covered with a single graft, taken, without anaesthesia, from the arm, leg, or thigh. The dressing consists of rubber tissue and gauze moistened with sterilized salt solution, and is changed every other day for a week, when the surface is found healed. Another week under a protective dry dressing completes the treatment. The only contraindication to the use of grafts would be the presence of paronychia, with cellulitis of the entire toe. Cotting's operation is less likely to be followed by relapses than that of Angier, *i.e.*, excision of half the nail and matrix.—*New York Medical Journal*.

OPERATIVE TREATMENT OF CONGENITAL HERNIA.—Goodwin (Louisville) has tried a plan which tends to simplify the technique of the operation for the radical cure of congenital inguinal hernia.

The patient was a man of forty, and the sac was exposed in the usual way. It was not opened, however, but carefully emptied of its contents. An assistant then grasped the testicle and cord between the fingers and thumb of the left hand, while with the right he caught the upper surface and put the entire sac on the stretch. By holding the sac up before the light the operator assured himself there was nothing in it, when he ran a row of saddlers' sutures with a strand of catgut armed with a needle at each end, close to the testicle and cord and high enough up to reach just within the internal ring. The redundant portion of the sac, that which had been separated from the testicle and cord by the sutures, was cut off, and the raw edges brought into apposition by a whip stitch. The subsequent steps were those followed in such operations. The wound was healed in a week.—*New York Medical Journal*.

SULPHUR IN SURGERY.—Lane (London) again calls attention to the value of sulphur in surgical practice. In a recent article (*Medical Week*) he reported two cases of very extensive tuberculous disease of the hip and elbow which made rapid and complete recoveries under this treatment. Applied locally, sulphur exerts no deleterious effect upon the health of the individual; it gives rise, however, to products which are powerfully caustic in their action, and must, therefore, be used with caution and in small quantities. It destroys all organisms, whether free or growing in the tissues; its action is rendered more uniform and general, and less violent, by mixing it with glycerine, and, if used in any quantity, it should be removed in a day or two, and irrigation substituted.

Since this report, the writer has used sulphur quite extensively, not only in tuberculous conditions, but also in other infective processes, with most satisfactory results. In tubercular disease, with destruction of bone, where there is a well-defined cavity, this is cleansed and filled with iodoform emulsion; if, however, there is no such space, and it is impossible to remove with certainty all tuberculous material, an emulsion of sulphur and glycerine is placed in the wound for 24 hours, after which it is irrigated daily with bichloride or salt solution.

In a case of extensive, filthy, lacerated wound of the forearm, a pack of gauze saturated with sulphur-glycerine emulsion was used for 24 hours, when, on removing it, there was a strong smell of sulphuretted hydrogen, and the tissues were covered with a soft, black slough. Under bichloride irrigation, this separated, leaving a healthy granulating surface.

There is no application more satisfactory in its results than sulphur, either as a powder or in emulsion, in lupus. There is, practically, no destruction of tissue other than the lupoid.

In cancerous or sarcomatous ulcerations, sulphur has, apparently, no effect upon the healthy cutaneous or mucous surfaces, and the destruction of the tissues can be regulated very accurately. It seems to require a raw or granulating surface to allow the formation of sulphurous and sulphuric acids, which are, apparently, the agents which influence the vitality of the organisms and tissues with which they come in contact.

It has also been found useful in cases of foul ulcerative stomatitis; a piece of gauze or wool being dusted with the finely powdered drug, and this kept firmly in contact with the ulcer for an hour or two; sufficient destruction results to clear the surface of its infective organisms, and it then heals rapidly. In the impetiginous ulcers of children, similar results have been obtained, and similar examples might be largely multiplied.—*Lancet*.

THE BRAUN-LOSSEN OPERATION FOR TRIGEMINAL NEURALGIA.—William Rose (London) reports two operations according to the Braun-Lossén method, and considers it a most valuable and direct route to the second and third divisions of the trigeminal nerve. Although his two cases have been under observation for a little less than a year since their operations, relief has been thus far continuous and complete.

Patient No. 1 had previously had the inferior dental nerve stretched and divided, and also the trunk of the third division excised as it emerged from the foramen ovale. This did not relieve the pain, however. During an attack the right side of the face twitched violently, and the right side of the mouth was drawn up. The pain was of a stabbing character, commencing in the lower jaw, about one inch external to the symphysis and coursing upwards to the outer angle of the orbit. Pressure over the infraorbital and mental foramina readily induced an attack. There was pain in the right half of the tongue.

In the second case, eating and speaking were both sufficient to induce an attack. He invariably referred the starting-point of the pain to the zygomatic process of the malar bone.

The incision made by Rose commenced at the external angular process of the frontal bone, passing backwards and downwards just in front of the ear over the angle of the jaw, and turned forwards for an inch and a half on to the cheek. The semicircular flap thus marked out was dissected forwards, the integument and subcutaneous fat being alone raised and held across the face by a temporary suture to the upper lip. A transverse incision was then made along the zygoma down to the bone, from which the periosteum was cleared. Two holes were made with a drill at each end of the bony arch sufficiently large to carry silver wire, and the bone was then divided between them by a saw. The zygoma was now detached and turned down, together with the masseter muscle, thus opening up the temporal fossa. By means of retractors the speno-maxillary fissure was laid bare; the tubercle at the junction of the great wing of the sphenoid and of the outer pterygoid process was clearly defined, and was chiselled away so as to enlarge the fissure and give more room for the introduction of a strabismus hook, on which the superior maxillary nerve was hooked up just as it emerged from the foramen rotundum, divided at this point and at its entrance into the infraorbital canal. The foramen ovale was now sought for, and the inferior maxillary division of the trigeminus divided. The zygoma was then replaced and kept in position by the silver wire sutures and the wound closed.

After the operations there was complete loss of tactile sensation over the area supplied by the second and third divisions of the trigeminal; the affected side of the tongue was anæsthetic anteriorly. The patients could not distinguish between salt, sugar, or quinine when any one of these was placed upon the tongue, but over the posterior half of it taste and touch were unimpaired.—*The Lancet*.

DEATH UNDER NITROUS OXIDE GAS.—A complete and formal report of a death occurring under nitrous oxide gas is given by John Adams in *The Lancet* for March 24, 1894. The prominent, if not the only, complication appeared to be cyanosis, though no cause for it could be determined at the time of the administration of the gas or at the necropsy. The author cannot offer "any better explanatory hypothesis than that well-worn one, 'the idiosyncrasy of the patient.'" The means employed to resuscitate were:

- (1) Artificial respiration within half a minute;
- (2) Nitrite of amyl within one minute after respiration stopped;
- (3) Subcutaneous injection of ether within two minutes; and
- (4) Tracheotomy within three minutes after the patient had ceased to breathe.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D.

THE CHEMICAL DIFFERENCE BETWEEN COW'S AND HUMAN MILK.—Soxhlet states that cow's milk contains twice as much casein, six times as much earthy matter and has three times the acidity of human milk, besides the formation of large leathery curds. Cow's milk contains two to three times as much ash, four times as much phosphoric acid and six times as much chalk as woman's milk. Hammersten's latest and best analyses show that on the average human milk contains 2.01 per cent. of albuminoids, 3.52 per cent. of fats and 5.91 per cent. of milk sugar. By diluting cow's milk one-half with a 6 per cent. solution of milk sugar a mixture is obtained containing the same amount of albumin and milk sugar as in human milk, but with 1.32 per cent. less fat. Rather than add cream which contains an uncertain percentage of fat and is very likely to be infected, Soxhlet now recommends the use of more sugar of milk as a carbo-hydrate of equal value. Rubner has shown that 243 parts of milk sugar are isodynamic with 100 parts of fat, and, therefore, the 1.32 per cent. of fat lacking in the above mixture should be replaced by 3.9 per cent. of milk sugar. In other words, cow's milk should be diluted one-half with a 12.3 per cent. solution of milk sugar.—*Münchener Med. Wochenschrift*, No. 4, 1893.

FRACTURE OF THE CLAVICLE AS A CONTRA-INDICATION FOR THE EMPLOYMENT OF SCHULTZE'S METHOD OF ARTIFICIAL RESPIRATION.—Schultze calls attention to the fact that many physicians grasp the child too firmly by the shoulders, not that there is danger of breaking a sound clavicle but if it is already fractured, the broken fragment might do serious injury to the thoracic organs. In the inspiratory swing the child should rest with all its weight on the fingers of the obstetrician in the axillæ, with the thumbs barely touching the anterior thoracic wall. In the gradual lowering of the child in the position of expiration the thumbs should rest over the fourth, fifth and sixth rib anteriorly, while the four fingers support the back and axillæ. There is no need of pressing on a broken clavicle or injuring the thoracic organs, and the existence of a fracture is not a contra-indication to Schultze's method of artificial respiration.—*Centralblatt für Gynäkologie*, No. 8, 1894.

THE OPERATIVE TREATMENT OF LARGE VESICO-VAGINAL FISTULÆ.—Mackenrodt recommends drawing down the cervix and dividing all cicatricial bands. He then makes a median incision from the urethra to the cervix through the opening of the fistula. The edge of the fistula is then split, and then the bladder is dissected high up and away from the uterus, as in vaginal fixation. This frees the bladder so that any operation can be performed. The margins of the fistula are again freshened and the opening closed with fine silkworm gut sutures close together, either in one or more layers, as may seem best. The defect in the vaginal wall is closed, as in vaginal fixation of the uterus.—*Centralblatt für Gynäkologie*, No. 8, 1894.

THE SURGICAL TREATMENT OF OSTEOMALACIA.—Desider v. Velits writes that examination of the ovaries of nine cases treated by castration a constant pathological alteration, a degenerative disease of the arteries, a hyaline degeneration showing the formation of hyaline bodies, which possibly may be due to a secondary disturbance of nutrition in consequence of chronic disease of the bones. He is very well satisfied with the results of castration.—*Ibid.*

OSTEOMALACIA.—Latzko, of Vienna, sides with Petrone, the author of the hypothesis of nitrification and of the chloral-hydrate treatment. He looks upon contractions of the abductors and levator ani as pathognomonic signs of the disease and emphasizes the importance of the so-called pseudo-spinal paralysis. He condemns treatment by castration in the non-pregnant, and recommends phosphorus, chloroform or chloral hydrate and, if necessary, sterilizing the woman by chloride of zinc pencils. Chloroform is recommended for its deep anæsthesia for three-quarters of hour.—*Southwick*.

OSTEOMALACIA FROM A NEW POINT OF VIEW.—La Torre quotes Petrone's opinion that nitric ferments are the cause of osteomalacia and the various processes of nitrification result in this disease. Both chloroform and hydrate of chloral are

known to destroy quickly the vitality of the nitric ferments. It is the use of chloroform for the operation and not the operation which cures the patient. The history of a patient is given; a characteristic, osteomalic, non-pregnant woman having in the urine propeptone and nitric acid in anhydrous state (3 per cent.) by the test of Griess and Petrone. This was given for three weeks, 2 per cent. of chloral daily and both propeptones and nitric acid disappeared from the urine and the patient was cured, the previous deformities of the skeleton remaining.—*Ibid.*

AFFECTIONS OF THE EYES IN RELATION TO GYNÆCOLOGY AND OBSTETRICS.—Ramsay, of Glasgow, states that at puberty there is an increasing frequency of inflammatory diseases of the cornea, sclerótica, iris and choroid as well as retina and optic nerve. Sharpness of vision and the field of vision is diminished two or three days before menstruation and is most marked on the third or fourth day. The sense of color, especially green, also suffers. Vicarious menstruation in the bulb often has been observed. The most important eye affection of pregnancy is the so-called albuminuric retinitis, consisting in either temporary, complete blindness without any marked affection of the retina, or in characteristic lesions of the optic nerve and retina without noticeable loss of vision. The latter is more or less persistent and may in complications with uræmia cause permanent blindness. In the so-called albuminuric retinitis of pregnancy the disease may be limited to one eye, but in chronic nephritis both eyes are usually affected. Separation of the retina may occur with or without albuminuric retinitis. The prognosis is generally favorable. In the puerperal period embolism of the central retinal artery has been known to occur, also ophthalmia and atrophy of the optic nerve after severe hæmorrhages. Atrophy of the optic nerve has been observed in the nursing period with frequent childbearing also episcleritis in long-continued lactation and stoppage of the tear duct with formation of abscesses. The vitality of the cornea is also lowered by long-continued nursing and slight injury to it may result in protracted suppuration.—*Centralblatt für Gynakologie*, No. 8, 1894.

THE RECTAL EXAMINATION AS A SUBSTITUTE FOR THE VAGINAL IN THE MANAGEMENT OF LABOR.—At a recent meeting of the Obstetrical Society at Leipzig, Kroenig recommended rectal examination as a substitute for the vaginal to diminish the risks of puerperal infection. The danger of infecting the patient with the bacterium coli from fecal matter is avoided by careful cleansing after the examination and the use of a condom. The midwives in that school are trained for two and a half months to examine her rectum and are required to feel with certainty the following points:

1. The ischial spines, the mobility of the coccyx and elasticity of the perinæum.
2. If a part of the child presents in the pelvis or if it is empty.
3. The presenting head is recognized by its sutures.
4. The position of the presenting part to the axis of the parturient canal and the ischial spine is better ascertained by rectum than by the vagina.
5. The dilatation of the cervix in multipara can be ascertained very well. Mistakes are liable to occur in primiparae when the cervix is fully dilated. The fontanelles are not readily felt.

The advantages of rectal examination over the external are the entrance of some part of the child into the pelvis and the dilatation of the cervix in multipara.—*Centralblatt für Gynakologie*, No. 10, 1894.

VENOUS THROMBOSIS IN THE LOWER EXTREMITIES AFTER LAPAROTOMY IN TRENDLENBURG'S POSITION WITH ETHER NARCOSIS.—Max v. Strauch reports three cases of this kind in nineteen cœliotomies and in one of these three there was also an embolus of the lungs. He has never had this occur after using chloroform. He believes that ether has an entirely different effect on the entire circulatory apparatus from chloroform, especially on the heart as shown by the pulse curves. He could give a prognosis from the pulse in the first three days after an operation under chloroform but not if ether was used. He ascribes the thrombosis to the flexion of the thigh and the left one because it was subject to sharper flexion.—*Centralblatt für Gynecologie*, No. 13, 1894.

A NEW SIMPLIFICATION OF TREATMENT OF THE STUMP IN MYOMECTOMY.—Zweifel's new modification of his operation consists in neither burning out the cervical canal nor excising the cauterized portion and the rubber ligature is not used after ligating the broad ligaments, in which are found the spermatic arteries and

venous portions of the pampiniform plexus. After the broad ligaments are ligated and divided in the usual manner the peritoneum is divided across the uterus just where the boundary lies of intimate adhesion to the uterus. The thread of the last ligature close to the uterus is carried directly through the neck of the uterus and continued from the left to the right side. It requires three to four chain ligatures to cross the cervix.

The tumor is then removed above the ligatures. The last act of the operation lies in covering the stump with the peritoneal flap just mentioned sewing it to the peritoneum below the ligatures to obtain good fresh peritoneum for adhesions. Intestinal needles and catgut are used for this purpose. No attention is given especially to the cervical canal, except in suppurating tumors. He has performed ninety-two myomectomies with a mortality of only 3.2 per cent. and one of these deaths (3) was from ileus without a trace of peritonitis.—*Centralblatt für Gynäkologie*, No. 14, 1894.

PREGNANCY FOLLOWING A PARTIAL SUPRA-PUBIC HYSTERECTOMY COMPLICATED BY HÆMORRHAGE THROUGH THE ABDOMINAL CICATRIX.—X. O. Winder, M.D., reports an interesting case with the following history:

Mrs. Mary L., æt. 29 years, married since August, 1890, but sterile, consulted me for the first time in June, 1891. She had been in good health until about five or six months ago, when she noticed a slight enlargement of the abdomen, accompanied by discomfort, and at times pain in her pelvis. The swelling of her abdomen gradually increased, until at the time she first saw me, it had attained the size of a five or six months' pregnancy. An examination showed a firm, hard tumor, occupying the centre of the abdomen and extending from the symphysis pubis to the umbilicus, and attached to the posterior surface of the fundus uteri. Tonic treatment and electricity according to Apostoli's method were tried, but did not affect the size of the tumor. An operation was performed December 3, 1891. The base of the tumor was encircled by the elastic ligature closely hugging the uterus, and as subsequent events proved, including a small portion of the uterus.

Her convalescence was uninterrupted. Her menstrual period returned February 19th, about a month after leaving the hospital, and at this time she noticed a slight discharge from a small fistulous opening at the bottom of the abdominal wound. In March her catamenia did not appear at the expected time, and soon afterwards other symptoms of pregnancy developed. At the end of the fourth month there was a copious hæmorrhage from the fistulous opening, and six more hæmorrhages occurred before confinement.

Labor began October 30th, the child was delivered with forceps. The placenta was found adherent just under the fistulous opening from which the bleeding had taken place, requiring manual separation. At this place the hand in the uterus noted an apparent absence of the uterine wall, and the placenta seemed to be attached to the abdominal wall around the external sinus.

The patient made a good recovery, and left the hospital in four weeks with a healthy child. The fistulous opening had become perfectly closed by that time.—*Journal of Obstetrics*.

ELECTRICAL TREATMENT OF FIBROID TUMORS OF THE UTERUS.—*Conclusions.*—

1. Hysterectomy is contra-indicated in a majority of cases of fibroids because of the high rate of mortality and because it unsexes the patient—the latter an important consideration in younger women.
2. Electricity is the best therapeutic means at our disposal to combat pain, hæmorrhage, and impaired health and strength.
3. Intra-uterine galvanism is most advisable.
4. We must not look for a permanent reduction in the size of the tumor.
5. Galvanism—vaginal, intra-uterine, or by puncture, does not cause abscesses or adhesions.
6. Galvanism is of no use as a means of diagnosing the presence of pus.
7. Treatment by electricity after the Apostoli method is absolutely safe.
8. Every case of fibroid tumor of the uterus should be under competent medical observation, because of the danger of malignant degeneration, kidney disease from pressure on the ureters, complications during pregnancy, and the liability of the occurrence of pain and hæmorrhage, and functional nervous disorders, especially during a delayed and protracted menopause.—Burrage, *Journal of Obstetrics*, March, 1894.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

CONDUCTED BY

CHAS. M. THOMAS, M.D.

THE EYE-TREATMENT OF CHOREA.—Ambrose L. Ranney, A.M., M.D., of New York City, calls attention to "a most remarkable statement" recently made by an author of repute, relative to the causation of chorea: "The more recent studies of the pathology of chorea have led to a practically unanimous conclusion that the seed of the disease is primarily in the bloodvessels and the blood, with secondary degenerative changes in the parenchyma, and that the cause is either some microbe or toxic substance or both."

Dr. Ranney thinks it inconsistent with any such visionary theory (although based upon the results of pathological and bacteriological investigation), that many cases of the most aggravated and chronic type of chorea should get well without recourse to drugs, and remain free from any return of the spasmodic movements, whenever sources of peripheral reflex irritation are scientifically investigated and satisfactorily corrected. Clinical experience has demonstrated most positively a direct causal relationship between eye-strain and chorea. The results obtained when the abnormal eye-factors have been scientifically determined and removed can be shown to be almost instantaneous and somewhat startling in many cases.

Respecting the relationship of chorea to anomalies of the visual apparatus, Dr. Ranney is led, by his experience, to draw the following conclusions: 1. Choreic subjects belong to one of two classes: (a) Those who tend to get well under almost any treatment, or even without treatment, and (b) those who fail to get relief from any medicinal aid. The latter tend to run a chronic course, usually one of unfavorable progression. 2. The chronic form of chorea is one of the most serious and hopeless of nervous maladies when treated by drugs alone. It is not infrequently associated with epilepsy or with mental impairment later in life. Chronic sick headache may often be developed, and sometimes asthenopia symptoms are quite prominent. 3. Both forms of chorea are based, as a rule, upon a well-marked neuropathic or tubercular predisposition. 4. The pathology of chorea is not known. No one has ever proved that it was a "constitutional disease," in the sense that an organic lesion was essential to its development. 5. The percentage of hypermetropia (usually latent) in choreic subjects is extremely large (apparently about 70 per cent.). With few exceptions, the total error of refraction in choreic subjects should be fully corrected by glasses. 6. The glasses ordered for choreic patients should be most carefully fitted to the face and accurately centred to the pupils. 7. An investigation for latent heterophoria should always be made in choreic subjects with the greatest of care and patience. 8. The relief of marked heterophoria should be finally attained only by graduated tenotomies upon the muscles exhibiting abnormal tension or by an advancement of the tendons of the muscles exhibiting defective power. 9. Prismatic glasses are not curative. They should not, as a rule, be prescribed for constant use. 10. Choreic subjects are usually rapidly cured by eye treatment alone. 11. The eye problems encountered in choreic subjects are not, as a rule, as complicated and difficult to solve as those of epileptics. 12. The spasmodic movements which accompany and indicate organic lesions of the brain—as, for example, those of a lepto-meningitis—exist in but a small proportion of choreic subjects, and are usually associated with other evidences of disease. 13. The removal of young choreic subjects from school, or of adult choreic patients from business, is a step commonly taken by most physicians while treating chorea by drugs. It must be apparent that the rest thus given to the eyes and nerve centres is a factor in the recovery of acute cases of chorea that is as important clinically as the drugs employed.—*Medical Record*, May 5, 1894.

A PREMONITORY SYMPTOM OF PULMONARY TUBERCULOSIS.—Dr. E. Destrée, of Brussels, states that of pulmonary tuberculosis about ninety-seven per cent. of the cases present inequality of the pupils. This is dependent upon an irritation of the sympathetic plexus by the tuberculous glands of the bronchi. The bacilli may lie quiescent for a long time in these glands and an inequality of the pupils may be a premonitory symptom far in advance of the outbreak of tuberculosis. He observed a case where this symptom preceded the outbreak of the disease for five years.—*Muenchener Medicinische Wochenschrift*, No. 15, 1894.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,

FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

COMPARISON OF RHODODENDRON, COLCHICUM, CIMICIFUGA AND PULSATILLA IN RHEUMATISM.—*Rhododendron* is always worse upon changes of weather, and especially cold weather. Like rhus it is aggravated during rest; the patient gets relief from moving the part. It is useful in gout where there are deposits about the great toe joint, and in cases of chronic rheumatism of the small joints. The characteristic indication of this drug is the marked and decided aggravation before a storm.

Colchicum is of great value where the pains are tearing and jerking, and where the smaller joints are more frequently affected. Rheumatism which has located itself in the heel or foot, with swelling of the big toe, is very frequently seen in patients of a gouty nature. The pains of colch. are apt to shift about; they are very violent, sometimes producing a temporary paralysis, as it were, so that the patient is unable to hold anything in the hand. The parts are swollen and red; the urine is scanty and has an abundance of reddish precipitate, and burns in passing. Colch. is especially valuable in persons that are weak and run down. They are inclined to be irritable and intolerant of being touched, and sometimes with associated gastric symptoms. There is also a tendency to metastasis to the heart, and an œdematous swelling of the feet.

Cimicifuga has rheumatic pains in the small of the back, extending up to the neck; and in the large lumbar muscles of the back. There is much stiffness, some contraction, and if there is associated headache, the sensation as if the top of the head would fly off with aching in the occiput, and a sensation as if a bolt penetrated through from the occiput to the top of the head. The *cimicifuga* patient is nervous, irritable, and restless; apt to have weeping moods and hysterical attacks. It is more frequently indicated in women, and especially where there are associated womb troubles.

Pulsatilla has tearing and drawing pains in the muscles, especially in the lower extremities. There is an inclination to stretch, general aggravation from lying on the back, and warmth; relief from cold. This symptom is so unusual and peculiar in rheumatic affections that it frequently leads to the selection of *puls.*; especially if there are associated gastric disturbances, coated tongue, bad taste in the mouth, acid and rancid eructations; general aggravation in the evening, absence of thirst, some amelioration from moving about, and from lying on the painful side. The pains have a tendency to shift about as in colchicum.—*The Chironian*, February 10, 1894.

KALI BICHROMICUM IN DIPHTHERIA.—This remedy is undoubtedly given more frequently in diphtheria than is indicated. The following four indications are sure ones: (1) Yellow coated, or dry, red tongue; (2) in the later stages of the disease when the line of demarcation has formed and the slough has commenced to separate; (3) tough tenacious exudate; (4) pain extending to neck and shoulders.—*Med. Century*, April 1, 1894.

METHYLENE BLUE IN DIPHTHERIA.—Dr. N. K. Morris, Denver, Col., calls the attention of the homœopathic profession to the use of methylene blue (Merck's) in diphtheria. He uses ten grains to the ounce of water, and saturates the deposit every hour, using the absorbent cotton swab after gargling the throat with hot water to cleanse of mucus, etc. Leave the blue in contact with the membrane as long as possible, allowing it to saturate thoroughly. He has been using this treat-

ment for the last nine months, and reports that he has not had a case last beyond the third day. In the majority of cases, the throat will be free from the deposit in forty-eight hours. All fetor ceases after the first application, and in twenty-four hours from its local use, the patient begins to pass blue urine, showing a stagnation of the blood by absorption, a condition which no other remedy can produce without causing poisonous symptoms.—*Ibid.*

HYDROCARPUS EBRIANS IN LEPROSY.—After a study and many experiments in the treatment of leprosy, Bhau Daji, India, came ultimately to rely upon one substance—the oil of the *hydlocarpus ebrians*, known among the natives as *kauti*, which he used both for internal and external administration. Sometimes he colored the oil to render it less easily recognizable. In the early morning, ten minims to half an ounce of the oil was taken in boiling milk, and it was said not to be bad to the taste; then the patient was rubbed all over with the oil; after two hours the oil was washed off in a warm bath. Sometimes the oil was directed to be applied again and kept on until evening, when the patient was wiped and went for a long walk until he perspired. In other cases no oil was applied after the warm bath until evening, when it was again rubbed in over the whole body, and the patient slept in it. The oil was applied also to affected mucous surfaces and was to be run into the nasal cavities. The patients were ordered to abstain from pork, beef, fish, from all alcoholic drinks, tea and coffee. They were allowed as much fruit, vegetables and milk as they liked; also butter, eggs, mutton and fowl.—*Homoeopathic World*, April, 1894.

PAPOID (CARICA PAPAYA) IN EAR AFFECTIONS.—Dr. Henry C. Houghton, Professor of Otology, New York Ophthalmic Hospital, regards papoid as a valuable agent to be used as a local application in suppuration. It is a variety of South American melon and a vegetable digestive ferment, but it has the peculiar property in that, unlike pepsin, it is as efficacious in intestinal as in gastric digestion. It acts outside of the body and digests in any cavity containing pus or muco-pus, and so is admirably adapted for local application. It can be used dry, but acts better combined with glycerine. The objection to the dry form, uncombined, is that it forms a crust and confines the product of suppuration in cavities and sinuses. A few drops of the *glycerole* should be placed in the ear, and by the aid of the stomach-pump, or aural syringe, it can be forced into the middle ear and through the Eustachian tube into the pharynx. In suppuration complicated by mastoid disease, the *glycerole* can be driven through the sinus to the external surface of the mastoid. An objection sometimes met with in the use of the *glycerole* is the peculiar idiosyncrasy of some patients, but it is of rare occurrence; this also happens with some of the preparations of petroleum. To avoid the danger of retaining the products of suppuration, papoid can be combined with sugar of milk and boric acid, equal parts, as has been suggested when using hydrastis, plantago and calendula.—*N. Y. Med. Times*, December, 1893.

THE VENOM OF NAJA HAJE.—The bite of this serpent (otherwise known as Cleopatra's asp) is so fatal that in Ceylon alone it is estimated that no fewer than 20,000 persons succumb to it annually. Graziani has undertaken a physiological study of the venom, which has already received attention at the hands of Calmette, Wall and Armstrong, Weir Mitchell, Reichardt and others. The venom, when dried, appears as transparent scales, easily soluble in water, very slightly so in alcohol, ether or chloroform; its aqueous solution has an unpleasant odor, and is neutral to test-paper. Chemically, it gives all the tests described by Weir Mitchell and others as characteristic of the venom of *naja tripudians*. The physiological effects of this dried venom were tried on guinea-pigs, rabbits and frogs, to all of which it proved fatal in extremely minute doses. The guinea-pig, a few seconds after injection, becomes paralyzed in its hind limbs, foams at the mouth, and makes violent attempts at vomiting. The eyes are half closed, but occasionally, for short periods, there is a partial disappearance of the paralysis, and the animal makes feeble attempts to support itself. Respiratory embarrassment is soon added to the foregoing symptoms, and the animal lies perfectly prone, devoting all its attention to breathing, which is rendered still more difficult by the vomiting and frothy saliva which is secreted in abundance. Finally, death ensues from asphyxia. The post-mortem examination reveals the heart still feebly beating, the lungs pallid and the blood in the organs very dark. The liver and kidneys are hyperæmic, but the brain and cord with their coverings are anæmic. In the rabbit the course of the poison is

practically identical with that described. Histologically, the following facts are made out in addition to the foregoing: the red blood corpuscles are in a great measure broken down, and there are also effusions into the muscular tissues. The kidneys are very hyperæmic, and there is marked degeneration of the epithelium lining, the glomeruli and convoluted tubules. The glomerular capsules are much distended, and numerous leucocytes are discernible throughout the organ. The liver is also hyperæmic and shows numerous broken-down blood corpuscles, and partial necrosis of many of the liver cells. Examination of the central nervous system reveals no particular changes.—*British Medical Journal*, January 13, 1894.

PARIS QUADRIFOLIA IN LOQUACIOUS INSANITY.—B——, æt. 45, suddenly became loquacious and insane, after the death of a son a year ago. She would lament and cry almost every day, and gradually became morose and dull. The loquacity was not continuous; every three or four days she becomes somewhat maniacal if interfered with. At times, she would behave foolishly. With great difficulty, she stated that she suffers badly from vertigo, and whenever she thinks of her lost son she suffers frightfully from headache, the character of which she could not describe, but said that the top or vertex of the head was very sensitive to touch. While she was thus speaking, suddenly her looks became wandering, and her eyes looked as if protruding from their sockets. She could not relish her food, because everything given to her, especially the fish smelled putrid. Her whole body was painful especially when touched. She complained of a ball lodging in the throat and giving her trouble with burning. She complained of acidity of the stomach, and bad-smelling diarrhœa. There was a peculiar feeling of coldness of the right side while the left side was hot. All her symptoms were worse in the evening and on motion.

Ignatia 30, and later 200, was given, but no improvement followed. On carefully re-examining the patient another symptom was elicited; she felt hot wind passing out of her ears. *Paris quadrifolia* was selected and given to her in the 3d dilution, and proved to be the curative remedy, acting so quickly that by the third day she declared that she was all right.—Dr. Banerjee, in *Calcutta Journal of Medicine*, February, 1894.

SURGICAL REMEDIES.—After some operations upon the abdomen, *staphisagria* deserves especial mention for its power to control subsequent pain. Intolerable tearing pains in a wound or stump, call for *coffea*, moderate pain with restlessness calls for *aconite*; sharp, darting pains along the line of incision are generally relieved promptly by *ledum*.

In chronic abscess, in bone diseases, in diseases involving the ligaments and the glands, our medicines deserve unmeasured confidence.

The *silicea* patient is cold, objectively and subjectively; his movements are sluggish; his sores are slow in coming, slow in healing; the pus is offensive.

The *hepar* patient is more quickly attacked, is inclined to heal more rapidly; his wound is more active; the discharges are less offensive.

The *calcareo* patient is sweaty, blue-eyed, fat or lean, but always flabby. His wounds leave large scars; his neck is enlarged somewhere; his joints are loose. A patient with a long scar in the carotid triangles and with a pair of crooked legs, always calls for *calcareo*. The pus is thin and runs easily, as a rule.

Phosphorus presents a sensitive wound; it bleeds freely; it appears angry and fiery red, or perhaps pale, but always ready to bleed in a stream; the patient is tall, spare, red-headed and freckle-faced. He is constipated and has at times some indefinite trouble with his bladder.

Lachesis presents a blue wound; big veins; probable slough; much dead tissue in the wound, worse morning; tendency to the formation of sinuses. Pus thick and flaky.—Howard Crutcher, M.D., *Medical Century*, May 1, 1894.

PHOSPHORUS IN MENTAL HEBETUDE FOLLOWING LA GRIPE.—Dr. C. E. Fisher, Chicago, writes that he has recently met with two cases of mental hebetude and somewhat of a general condition of physical prostration, both in young men who had recently suffered from moderate attacks of la grippe, neuralgic and muscular in character rather than the influenza form, and in which the following chain of symptoms presented: dulness of intellect; inability to do usual clerical work satisfactorily; occasional attacks of dizziness, especially when on the busy street or in a crowd; heaviness of head; dull pain in back of neck; disposed to be despondent and to feel depressed over the condition. General nourishment good, but, oh, so

tired, all the time. In both cases, *phosphorus* 12x trituration, was given with most excellent results, all the symptoms clearing up nicely in a few weeks, though they had been present many months.

He believes la grippe to be largely a spinal neurosis, and therefore, *phosphorus* and allied remedies should do well by us in its treatment, especially in persistent symptoms of the character of those described.—*Ibid.*

TREATMENT OF PARONYCHIA.—Dr. H. Goullon, of Weimar, Germany, employs the standard remedy, silica or arsenic, when it is apparently connected with a strumous condition of the osseous system. Belladonna is of service if given in alternation during the active inflammatory period. He is an opponent of surgical measures, thinking that it will come out best if poulticed (?), the indicated remedy be given internally and the rest left to nature.—*Leipziger Populäre Zeitschrift Für Homœopathie*, Nos. 5-6, 1894.

TREATMENT OF PNEUMONIA.—Dr. Jousset in a lecture on homœopathy presented a study of the homœopathic treatment of pneumonia. The principal remedies are successively as follows:

Aconite.—Only a remedy for the beginning; it corresponds especially to the fever; it produces a dry cough which is incessant and fatiguing, with dyspnoea and lancinating pains in the chest. Its lesions are chiefly congestion.

Bryonia.—An important remedy on account of the lesions which it produces both on men and animals. The cough is tickling and loose with a violent pain in the side of the thorax, which is augmented by motion, the cough, and respiratory movements. The sputa are yellowish; there is dyspnoea with anxiety and a short and precipitate respiration. The post-mortem lesions found in the lungs in animals poisoned with *bryonia* are intense congestion of the pulmonary tissues with hepatized spots which sink when thrown into water.

Phosphorus.—This drug produces a tickling and irritating cough, which is dry, especially at night, with pains in the hypochondria; there are bloody or mucosanguinolent sputa; respiration is short and painful. Pathologically, there have been observed in the lungs after *phosphorus* poisoning, engorgement with apoplectic foci.

These two drugs produce an exact drug picture of pneumonia. Tessier advises administering *bryonia* during the day and *phosphorus* at night, in cases of moderate intensity. Other drugs which might be occasionally used are:

Sulphur.—The febrile movement is very violent with profuse perspiration.

Arsenic.—In grave cases with prostration, considerable pallidity of the face and a tendency to chilliness and syncope.

Lachesis and *crotalus* correspond to the same state as arsenic; these two drugs may be alternated in grave cases when neither *bryonia* nor *phosphorus* control the disease.

Tartar emetic.—Indicated in two conditions: when expectoration is suppressed or difficult or when the stethoscopic signs of hepatization persist after disappearance of the fever.

Carbo vegetabilis.—Indicated in very grave cases where the loss of strength is excessive. It has performed actual miracles; resurrections. As to posology, *aconite* is given, in the beginning, in the mother tincture; the other drugs in higher dilutions; *bryonia*, *phosphorus* and *tartar emetic* in the 12 dec., *arsenic* and *lachesis* in the 6 dec., while *sulphur* and *carbo veg.* are administered in the 30th.—*Revue Homœopathique de Belge*, February, 1894.

In a recent reported meeting of the Cercle Médical Homœopathique de Flandres a portion of the discussion was devoted to the treatment of pneumonia. Dr. Schmitz reported a case of double pneumonia in an albuminuric subject with a sanguinous constitution, which was cured with *cuprum* followed by *apis*. *Cuprum* was administered on account of the great oppression, with thoracic pain, which suddenly set in and threatened suffocation; a pneumonia of slow development with rusty sputa, tubular breathing, etc. In a case of grippal pneumonia in a man of forty years after administration of *aconite*, *rhus* and *bryonia* the disease remained stationary, with a tendency to adynamia, *lachesis* in a few hours produced a notable improvement, with final recovery. Dr. De Wee also thinks *lach.* indicated in cases where the disease remains stationary in its evolution. Infectious pneumonia is a variety calling for this drug. Dr. Van den Berghe has also obtained happy effects in pulmonary congestions with *lachesis*. In children especially, *cuprum* has given him the best results. There is a spasmodic cough with contraction of the chest, great

spasmodic oppression, cyanosis and danger of asphyxia from spasm of the thoracic muscles. *Phos. ac.* is a valuable agent in pneumonia when with fever, there are dulness on percussion, tubular murmur, and a pain extending throughout the whole chest and even to the limbs. It fits all temperaments. Though *bryonia*, *sulphur* and *phos.* are the remedies of predilection, there are others which have an elective on the lung, as *nitr. ac.* on the apex of the left, while *sulph.* acts on that of the right lung; *natr. mur.* is indicated in central involvement, while *lys.* corresponds to inflammation of the bases. With *brom.* and *borax* he has aborted pneumonias in twenty-four hours having their seat *at the base of the right lung.* Dr. De Keghel employs in croupous pneumonia *kali iod.* or *iod.* 2, a teaspoonful every half hour to hour; if these fail, then *kali brom.* or *brom.* In pleuro-pneumonia he uses tart. emet. 3x, in catarrhal pneumonia *phos.* 3. *Sulph.* as well as *phos.* he finds useful in pneumonia, with diarrhœa. Dr. Van De Berghe finds *bry.* especially indicated in pneumonia from cold. This variety is so frequent in the country, and three days generally suffice to control it.—*Journal Belge d'Homœopathie*, No. 1, 1894.

TREATMENT OF EPILEPSY.—Dr. Seutin, of Antwerp, Belgium, advocates the following remedies in the homœopathic treatment of epilepsy as the principal ones: Aconite, agar, musc., hydrocyanic ac., bellad., calc. carb., helleb., hyoseyam., nux vom., merc. corros., tarentula and zincum.

Aconite.—In the prodromic period there is a sensation of formication over the whole body, general itching, headache and fever. During the attack there is rigidity of the limbs, trismus, catalepsy, etc.

Hydrocyanic acid.—Great irritability, vertigo, hebetude, sensation of drunkenness, sudden loss of consciousness, contraction of the extremities, spasmodic closure of the jaws, a bloody foam issues from the mouth, the face is swollen, the respiration panting, the eyes appear to start from their sockets, etc.

Belladonna.—Constriction of the throat, constant desire to swallow, dilatation of the pupil, disturbed sight, as though there were a veil before the eyes, headache, hallucinations, loss of consciousness, tetanic rigidity, incontinence of urine, etc.

Agaricus muscarius.—Contraction of the pupil, stiffness of the neck, clonic convulsions, general trembling, involuntary passage of stools, loss of consciousness and convulsions.

Cuprum.—Nausea and vomiting before the attack, the extremities are cold, spasms, tetanic rigidity, trembling, convulsions, loss of consciousness, foam at the lips, cries on falling, cold sweats, the attacks come on at night especially.

Mercurius corrosivus.—If the epilepsy is dependent on syphilis (cf. art. by Kowalevski, of Charkoff, Russia, on "Syphilitic Epilepsy and its Varieties," in the *Berliner Klinische Wochenschrift*, 1894).

Hyoseyamus niger.—Excitement, desire to speak, inclination to become angry, to furiousness, hallucinations, paleness, clonic convulsions, sudden fall with a cry and loss of consciousness, foams at the mouth, attacks of but short duration.

Nux vomica.—Irritability, anguish, painfully sensitive to sounds, unable to work, tonic convulsions, loss of consciousness, with involuntary passage of fœces, trembling and rigidity of the extremities; attacks prone to appear in the morning.

During the last ten years he has treated quite a number of persons with epilepsy and he claims to have obtained some radical cures. He reports three as deserving notice particularly.—*Journal Belge d'Homœopathie*, No. 1, 1894.

A CASE OF ASTHMA.—Dr. H. Goullon, of Weimar, Germany, was consulted by a plethoric lady who unmarried, quite fleshy and over fifty years of age, was taken with a tendency to sudden congestive seizures, rush of blood to the head, face and thoracic organs. At times, she would complain of palpitation of the heart, headache or difficult respiration on account of a tightness in the chest. She was suddenly seized with an attack of asthma. *Bell.* followed by *cuprum* relieved her soon. He has found *thuya* of value in asthma, in children where they are of a pronounced syctic diathesis.—*Leipziger Populære Zeitschrift Fuer Homœopathie*, Nos. 5-6, 1894.

APOCYNUM CANNABINUM.—In the homœopathic journal of Colombia, S. A., *La Homœopathia*, No. 1, 1894, the following analysis of apocynum cannabinum is presented:

General Action.—It acts especially on the kidneys, the skin and the serous membranes, producing various dropsical affections; it also affects the mucous membranes of the digestive tract.

Characteristic Symptoms.—Hydrocephalus, with stupor, loss of sight; constant in-

voluntary movements of one arm and one leg (hell.); the forehead arched prominently and the fontanelles open. Period of exudation.

Stomach.—Great thirst, yet water disagrees and causes pain or it is vomited up. Sensation of weakness in the stomach (hydras., ign., puls. and sepia).

Abdomen.—Ascites, abdomen enlarged and painful.

Urinary Organs.—Urine scanty and passed easily.

Respiratory Organs.—Sensation of oppression in the epigastrium and the chest (tart. emet. and ars.).

Generalities.—Excretions diminished, especially the urine and perspiration.

Therapeutic Sphere.—In all varieties of dropsy, either idiopathic or secondary; especially ascites, anasarca and hydrothorax.

Dose: One to ten drops of the mother-tincture.

TREATMENT OF PRIAPISM AND SATYRIASIS.—Dr. P. Jousset, of Paris, thus sets forth the indications for the treatment of these affections.

The principal remedies are: cantharis, camphor, phosph., opium, bryonia, colocynthis and tarentula.

Cantharis.—The chief remedy in priapism. In poisonings with this drug this symptom is sometimes produced with such violence that gangrene of the penis and consequent death of the sufferer follows, in twenty-four to forty-eight hours. These terrific and extreme symptoms were principally observed where the fly had been taken to revive a failing virile power. It is of especial service in the priapism of gonorrhœa.

Dose: Three drops of one of the first three dilutions, in seven ounces of water; a teaspoonful every two hours. In gonorrhœa it not only diminishes the priapism but also ameliorates the discharge.

Phosphorus.—Priapism but less pronounced than with cantharis. It is of especial value in the erections of affections of the spinal cord and brain.

Dose: The sixth dil., four doses in twenty four hours.

Camphor and Opium.—These two are of chief service in the priapism of cantharis poisoning; strong doses are necessary. Camphor, a drop of the tincture every two hours and camphorated oil to the hypogastrium. In very grave cases opium may be given in increasing doses until sleep follows.

Tarentula.—Of chief value in satyriasis where it is principally indicated.

Colocynthis and bryonia are indicated according to the materia medica, but he has had no personal experience with them.

Satyriasis.—Characterized by frequent erections with voluptuous sensations. Here the same drugs as with priapism are indicated, but tarentula is the chief remedy.

Dose: The twelfth dilution; lower ones will only aggravate.

Platina.—This drug has rendered him good service, but it is more indicated in disorders of imagination than by local excitement.

Dose: The thirtieth dil. twice a day.

Nux vomica.—If this drug be given to healthy persons it will produce venereal excitement, in both sexes. Trousseau points out this peculiarity in giving it as a stomach tonic.

Dose: From the sixth to the twelfth.—*L'Art Médical*, No. 3, 1894.

TREATMENT OF TUBERCULOSIS OF THE TESTICLE.—Dr. P. Jousset, of Paris, states the principal remedies to be *spongia*, *iodium*, *sulphur*, *conium mac.*, *agnus castus*, *clematis erecta* and *silica*. He is in the habit of alternating *spongia* and *sulphur*, the former in the third and the latter in the thirtieth trituration; one week the one and the next week the other, two doses per diem. This treatment is continued for months and if there be no results he administers *conium mac.* In chronic suppuration he finds *silica* (thirtieth trit.), of value. Sea-baths and sea-air.—*L'Art Médical*, No. 3, 1894.

PLUMBUM IN CONSTIPATION.—In the *Homœopathischen Monatsblätter*, No. 3, 1894, *plumbum* is recommended in the management of the most obstinate cases of constipation, where it may be said to be a last resort, and that after the various allopathic and homœopathic remedies have left one in the lurch. *Plumbum metallicum*, 30x, one dose in the morning on an empty stomach. The indications are: hard, lumpy, and difficult stools which resemble sheeps' dung. Pronounced spasm of the sphincter ani with retraction of the abdominal walls. There is a desire for stool and the patient complains of a sensation of as though a string were drawing the anus up into the rectum.

THE HAHNEMANNIAN MONTHLY.

JULY, 1894.

WHAT THE HOMŒOPATH SHOULD KNOW OF DRUGS.*

BY JABEZ P. DAKE, A.M., M.D., NASHVILLE, TENN.

Ex-professor of Materia Medica, Hahnemann Medical College, Philadelphia, 1855-6-7.

THE quality and extent of knowledge that the physician accepting the homœopathic principle, should possess concerning drugs, has been considered and discussed by every writer and teacher of materia medica, from Hahnemann down; and yet the question seems not fully settled. In this brief communication I propose to do little more than to indicate the general bearings of the inquiry with some reference to practical duties on the part of the physician and teacher.

In general I think the tendency has been to take too circumscribed a view of the part to be performed by the homœopathic practitioner; as if his one and only duty were to make a comparison of the drug symptoms on the one side, with the symptoms of the case to be cured on the other, in order to discover a similarity. Such a view overlooks the fact that, the homœopathic physician, like all others, is liable to be called in cases of poisoning, where antidotes are needed, and to cases of self-limited or necessarily fatal affections which require only palliative measures. It needs no display of facts

* Read before the Section of Materia Medica, American Institute of Homœopathy, Denver, Colo., June, 1894.

or argumentation to convince one, that attendance upon such cases calls for a knowledge of drugs not especially needed in following out the homœopathic principle and that a knowledge quite different from that of ordinary symptomatology, is necessary, to be used upon chemical, mechanical or antipathic principles.

We cannot imagine a physician who is entirely limited to the homœopathic use of drugs. He may turn a deaf ear to calls in cases of poisoning but he cannot tell when he may have cases in hand demanding palliatives instead of homœopathic remedies.

Our friends on the other side have erred greatly and done our practitioners gross injustice in saying that the homœopath must and can go no further in the use of drugs than the law *similia* bids him go, and that he is trespassing upon their domain whenever he attempts to do so. His recognition of the homœopathic law does not signify that he is any the less a physician in general, but rather that he is more amply qualified to contend against human ailments in all forms and by all means.

The conclusion is forced upon us then that whatever information as to the powers and uses of drugs, the work of the physician requires, he should by all means possess.

Omitting much of the technical knowledge that belongs to pharmacists, we are safe in saying that the homœopathic physician should know :

1. The physical or scientific characteristics of each drug he is to employ, so far as to be able to identify it when necessary.

2. Its poisonous or destructive properties, absolute or conditional, together with its antidotes chemical or otherwise.

3. Its pathogenetic effects in the human organism when used in definite, but not really poisonous quantities.

4. Its stimulant, anæsthetic, soporific, or other palliative influence, when used in certain quantities and ways.

To enlarge a little, I would say that the physician, while obtaining his remedies chiefly, if not altogether from the pharmacist and trusting largely to his capability and faithfulness, should be able to recognize the original articles and understand something of the treatment they must receive to fit them for his use.

Drugs of any considerable power are all more or less poisonous, and it is not always easy to draw the line between the poisonous and the medicinal doses.

The difference is one of quantity or degree and not one of kind.

In gathering up the pathogenesis or positive effects of a drug the

writer of *materia medica* must cull from cases of poisoning as well as from provings purposely made. He thus gets the more violent or deeper effects as well as the more ephemeral. But the essential point, in all gatherings expected to be reliable and useful to the homœopathic physician, is to have facts and not fancies.

If the record of symptoms observed in cases of poisoning has been badly made, or if the experimental provings have been carelessly conducted, so as not to exclude vitiating influences, the pathogenesis must be far from reliable and useful.

It is undoubtedly the duty of the homœopathic physician to know what the effects or symptoms produced by his drugs are, not in persons sick already, but in persons otherwise well. But, he is subject to a delusion and a snare, if he imagines that he will *know them* when he has committed to memory all the symptoms in *Materia Medica Pura*, in *Jahr's Manual*, in the *Encyclopædia of Pure Materia Medica*, or in the *Cyclopædia of Drug Pathogenesis*.

It is a lamentable fact, shown indisputably by the higher medical criticism, that the sources of impurity, the gateways to the realms of imagination, misapprehension, and even fraud, were not all shut while the drug pictures were being taken.

Applying all the rules of evidence to the witnesses whose testimony constitute our *materia medica*, we must realize that very few of them have come up to the standard requiring "the truth, the whole truth, and nothing but the truth," concerning drug effects.

Exhaustive provings, conclusive as to the full range and power of any one drug, we do not possess; nor can we pride ourselves on having the pathogenesis of any one drug entirely free from spurious symptoms. And yet, the information we have gathered, and confirmed by clinical experience, enables us, and enabled Hahnemann, under the law *similia*, to accomplish in the treatment of the sick what could not be accomplished by the highest knowledge of the old style *materia medica*, however exercised or employed.

While doing practically the best he can with present light, the homœopath looks forward to a time when his knowledge of the properties and powers, and so the uses, of drugs will be more complete, less vitiated, and more in keeping with the demands of his therapeutic law.

In conclusion, it should be said that the homœopathic student should be taught, not only the symptomatology as required in homœopathic practice, but, likewise, the nature and uses of drugs as palliatives and antidotes, and how to meet any of their effects as poisons.

ON THE BEST METHOD OF STUDYING AND TEACHING MATERIA MEDICA.

BY RICHARD HUGHES, M.D., BRIGHTON, ENGLAND.

(Read before the American Institute of Homœopathy, Denver, 1894.)

I AM pleased to respond, as far as possible, to the questions asked of "students and teachers of homœopathic materia medica the world over" by the section on that subject of the American Institute of Homœopathy. I say "as far as possible," because several of the inquiries made—as Nos. II. c. and IV.—address teachers only, and this I am not and never have been. It may be said that my *Manual of Pharmacodynamics*, in its editions from the third onwards, has taken the form of lectures. True, but these are of the post-graduate type. They assume, in their hearers, a knowledge of the ordinary action and uses of drugs, and discuss rather than inform concerning them. The question now before us is, how students in homœopathic colleges shall be taught; how, to minds presumably ignorant of the whole subject, such knowledge shall be imparted and such methods of study recommended as shall furnish them with "materia medica" indeed, the material wherewith the medical practitioner goes forth supplied for his combat with disease. From any practical experience as such a teacher I cannot speak, but as a student and expositor of the subject for more than thirty years, I have my thoughts upon it and upon the best way of giving instructions in it. These I now submit to my colleagues.

The first question is that raised in I. and II. It is, How shall the student be initiated into materia medica before his regular class-teaching begins? On this point I would urge one thing: that the text-book commended to such a learner shall not be one consisting of symptom lists. Of whatever use these may be to the practitioner, to a beginner they are uninteresting, confusing, disheartening. He wants an introduction which shall lead him by easy access to the inner shrine, which shall prepare him to understand and appreciate what he finds there. For this purpose a literary work is required; one susceptible of continuous and not disagreeable reading; one that deals with outlines and generalities instead of burdening the memory with details. It was to supply such need, mainly, that I originally wrote my *Pharmacodynamics*, but I must not let a parent's natural partiality blind him to the probability of other works suiting the

student as well or better. I only insist that if you want to interest him and prepare him to approach with zest to his further studies in this sphere, you must choose such a book for his preliminary reading.

2. "What is the best method of teaching materia medica for the teacher to his classes in the college?" This is question II. b, and is, I think, the most important of all that are asked. My own main answer to it has been given, by anticipation, in the paper contributed to this section of the Institute in 1892.* I there urged that a teacher of materia medica, in a college dominated by the method of Hahnemann, should first of all ground his students thoroughly in the pathogenetic action of drugs; and that for this purpose he should use original material—Hahnemann's own works when the drug is contained there, and, for later provings and poisonings, the detailed narratives of the *Cyclopædia of Drug Pathogenesis*. When from these, quoted and shown to the class, the sick-making powers of the drug have been demonstrated, its power to heal should be exhibited and the two classes of action correlated. My aim in pressing this point was to eliminate from the class-room those compilations of symptomatology, which have multiplied so largely of late, in which clinical symptoms are mixed up with pathogenetic, and pathological hypotheses with observed facts in undistinguished mass. Whatever use the practitioner may make of such lists, they are simply fatal to the student, blinding his sense of true and false, and preparing him to be a symptomatic empiric rather than a follower of the rule—"let likes be treated by likes."

The discussion which followed the reading of my paper is an interesting one. Four materia medica professors took part in it. Of these two agreed with my views, and stated that they followed the practice I advocated. The other two thought my remonstrances needless, but went on to warrant them by defending the very aberrations I had argued against—one advocating the clinical method of teaching materia medica, the other stating his plan to be the grouping of symptoms about hypotheses as to the general physiological action of the drug. I think, then, that I am justified on the present occasion in reiterating the views I expressed in 1892, and urging the teaching in our colleges of pure drug-pathogenesis based on original material.†

* See p. 700 of the *Transactions* for that year.

† May I take this opportunity of pressing also on those who write upon materia medica the importance of using first-hand matter, and quoting it correctly? Dr.

3. In question IV. inquiry is made as to teaching regarding the potency of the remedies to be employed. I would advocate here the historical method. It is not—I think—individual *dicta* that the student should hear from the chair of materia medica; but the general experience of the homœopathic body. There are medicines in favor with all sections,—high-potency and low-potency men alike; there are those like calcarea and sepia—which the latter scarcely think of; and there are those—like the alkaloids—which seem unknown in the practice of the former. Let the lecturer state these facts, and refer each medicine to its proper class. His hearers will thus start on their own career unprejudiced on the general question of potency, but furnished with the broad results obtained by their predecessors up to the present time.

4. As regards the teaching of the *Organon*, it does not seem to me to belong to the chair of materia medica at all, but to that of the theory and practice of medicine. From this I would have it, at some time in every student's course, read and critically commented on; and I would urge that for this purpose Dr. Dudgeon's revised translation, published last year, should be in the teachers' hands. Its appendix, based on a collation of the five editions of the book, and containing excerpts pertinent to the various points from the other writings of Hahnemann, is invaluable for a full understanding and exposition of his mind.

G. S. Peck is the last who has illustrated the inconvenience of doing otherwise. In an article on Mercury in the December number of the *North American Journal of Homœopathy*, he writes thus: "On the male sexual organs Dr. Hughes speaks of *mercurius sol.*, producing various ulcers which bleed when touched, and cause pain over the whole body; ulcers are round, raw-looking, with overhanging edges, base covered with a cheesy lining; red vesicles at termination of glans, later ulcers form which break and exudes a yellowish, or white, strong smelling matter." Now what I have written is the following: "One of Hahnemann's provers (Hornburg) reports the following symptoms—'a number of small red vesicles at the termination of the glans penis under the prepuce, which become converted four days later into ulcers, which break open and pour forth a yellowish-white, staining, strong-smelling matter; afterwards the large ulcers bled, and, when touching them, a pain was felt in them which affected the whole body; they were round; their edges which looked like raw flesh, overhung the ulcers, the base of which was covered with a cheesy lining.' " A similar symptom was experienced by one of the provers of *cinnabaris*. I am sure that Dr. Peck himself will see how truth suffers by his version of this statement. The ulcers are disconnected from the vesicles, by being placed before them; are described without warrant as "various;" and I am made responsible for their frequent production by *mercurius solubilis* (for that is what his words imply), whereas I only cited a single incident of such occurrence.

THE VARIOUS TUBERCULAR VIRUSES AND THEIR PLACE IN HOMŒOPATHIC THERAPEUTICS (BACILLINUM, KOCH'S LYMPH AND AVIAN TUBERCULOSIS).

BY FRANÇOIS CARTIER, M.D., PARIS, FRANCE.

Honorary Member of the Homœopathic Medical Society of the County of Philadelphia.

SINCE the progress of bacteriology we find after the discovery of the microbe itself, poisonous products coming from the excretions of the bacilli, and which constitute the really dangerous agent in the disease. This fact is pretty clearly proved by tetanus, where conclusive experiments show that the spasms of tetanus are due to the poisons secreted by the microbe and not by the microbe itself. Now, the study of tuberculosis, since the discovery of Koch's bacillus, has brought us to know different poisonous products taken from tuberculous centres and which are of an extreme virulence.

Allopathy has taken hold of it with a great noise; bacteriologists have isolated them and have tried to use them in therapeutics to combat the same diseases produced by the poisons. This is what constitutes *isopathy*, an entirely new science, and which I certainly do not wish to confound with homœopathy, although certain homœopaths have at present a tendency to practice isopathy.

One word to distinguish three kindred systems: vaccination, isopathy and homœopathy. The vaccine is the inoculation of the modified virus *before* the disease has broken out. Vaccination is used in cases of variola; a person is vaccinated with vaccine and rabia to preserve him from variola and rabia. Isopathy inoculates the modified virus *during* the illness. The tuberculin of Koch is injected into tuberculous patients, cancerine into cancerous patients, etc.

True homœopathy administers virus or poison not in the identical diseases but in *similar states* of these diseases, and as the tuberculosis possesses very strong poisons, it is quite natural that homœopathy tried to study them against the similar states of different diseases caused by the poisons of tuberculosis.

To my knowledge, three tubercular viruses administered in high dilutions have been tried by homœopaths. The first, the oldest and the simplest is the unmodified product of human tuberculosis, either taken from the expectoration or taken from human tuberculous lungs. This is what Hering, Swan, Ozanam, in France, and, re-

cently, Compton Burnett, in England, have prepared at different times and which is called tuberculinum or bacillinum. The authors have almost all tried it only for tuberculosis proper.

The second product, which has caused a great sensation in the allopathic world, is Koch's remedy.

The third product, very much considered at the present time above all in France, is called the avian tuberculosis or tuberculosis of fowls. At the present time it is, I think, all we possess in the way of tuberculous virus.

Bacillinum has been and is still employed by a great many practitioners of our school in tuberculosis proper, and, although Dr. Burnett claims to use this remedy homœopathically, I call his procedure purely and simply isopathy. Some have gone further; for I know a physician in Paris who insists on having the expectorations of the consumptive patient himself triturated to administer it to him as a medicament at a high dilution. I will not speak of the value of this isopathic method of which the certain advantages are yet to be shown, and the dangers of which in strong doses are no longer to be discussed.

What Dr. Burnett says in his book, *Cure for Consumption*, about scrofula and bacillinum merits the greatest attention, for we find ourselves in presence of a similar state, probably derived from tuberculosis, but not identical with tuberculosis. The action of bacillinum on the defective dentition of backward children, on the scrofulous glands, on rachitis, in certain cases of syphilis similar in form to tuberculosis, in the ringworms, etc., brings us back to the eternal application of *similia similibus curantur*.

But that which has been little spoken of, I think, is the action of bacillinum in certain broncho-pneumonial or pulmonary congestions, which resembles by auscultation and the symptoms pulmonary congestion caused by the tuberculous bacillus, but which are not tuberculous.

On this subject allow me to inform you of the following case: When I was chief physician of St. Jacques' Hospital, in Paris, in September, October and November, 1893, I received, September 9, 1893, an old man of 80, who, by the wear caused by his great age, suffered for three months of an oppression which progressively became worse. First, it was a simple sensation of stoppage at the level of the hollow of the stomach; very soon it became a dyspnoea, without any rattling in the throat and without expectoration, which obliged him sometimes to pass the

entire night upright in bed. About one month before his entry in the hospital his bronchiæ became obstructed, the oppression augmented, and the malady really took the aspect of a suffocating catarrh. September 9th, the old man was suffering with severe dyspnoea, his extremities icy cold, cold sweat covered his forehead, his legs were swollen, respiration labored and heavy gurgling rattling encumbered his trachea. These rattlings could not get loose, notwithstanding all the efforts of the coughing. Auscultation revealed clear signs of bronchitis at all points; from both sides of the chest loud rattling, heavy gurgling rattles, mixed with fine capillary rattles, showing that mucus had invaded the entire bronchia and touched the pulmonary parenchyma. Senega, antimonium tartaricum, veratum brought no relief.

September 15th.—A rather abundant expectoration of blood occurred; on auscultation, a large focus of blowing at the base of the left lung was found; a vascular rupture was probably formed by the effort of respiration, and a pulmonary apoplexy had resulted.

September 21st.—The situation was worse; the attacks of dyspnoea were terrible; the patient begged for death to terminate his sufferings.

September 22d.—Seeing that the old man was absolutely lost, and his state resembling a tuberculous patient dying of suffocation by broncho-pneumonia, I tried bacillinum as a matter of curiosity. I ordered six globules of bacillinum, 30th centesimal, to be taken during the day. That evening the old man said to the sister of mercy in the hall, "It seems to me that those globules do me good," and, sure enough, his night's rest was a little calmer.

September 23d.—Patient a little better; face less violet, the extremities warmer.

September 24th.—Five globules of bacillinum. The rattles in the throat less frequent and loosen easier, the expectoration less rusty; the seat of pulmonary apoplexy is still panting, but the patient feels better.

September 26th.—Four globules of bacillinum. The nights are decidedly better; the expectoration diminishes, the fine rattling of bronchitis disappearing; the sibilant and loud rattlings still remain. The blowing at the base of the left lung is less extended.

September 30th.—Four globules of bacillinum. The old man of 80 smiled at seeing us around his bed. He talked without fear and without being obliged to stop in the middle of his speech to breathe. He asked for food, as he was hungry.

During the month of October bacillinum was given five times only, when his night's rest was poor and the oppression had a tendency to return. It was observed that every time he took the medicine his sleep was better, the oppression less, the quantity of expectoration smaller and smaller. At the end of October there was hardly any expectoration at all.

In November he received one single dose of bacillinum.

December 6th.—On physical examination, there was no trace of a seat of pulmonary apoplexy; the respiration was free, with the exception of a few sibilant rattles.

Here, therefore, is a definite observation of the value of bacillinum as a homœopathic remedy. I regret not being able to make known any other cases of this kind; I do not know of any. Certainly one clinical observation is not enough to make us certain of the action of a medicine; time will allow us, I hope, to judge the question with certainty. However, I am inclined to believe that in virtue of the law of similitudes, which to us is a certain fact, we can find in the tuberculous poisons a remedy for diseases resembling tuberculosis by their symptoms, and that certain capillary bronchitis and broncho-pneumonias—I repeat, not tuberculosis—that is said infantile broncho-pneumonias, those said *a frigore*, those caused by diphtheria, measles, etc., could be happily modified by the homœopathic, and not isopathic action of bacillinum.

* * * * *

Koch's remedy, like bacillinum, has often been used isopathically against tuberculosis itself. With strong doses, the effects have been dangerous; death has sometimes ensued, and special lesions of Koch's lymph have been discovered at autopsies and under the microscope. Some of the lesions are very far from the true type of tuberculosis, and manifest themselves, above all, in the circulatory system.

The experiments on animals and clinical facts have demonstrated that Koch's lymph, in subcutaneous injections, had an elective action on the heart and kidney. The symptoms of endocarditis and albuminuria, with or without hæmaturia, have been noted during life. The inflammation of endocardium and the lesions of acute parenchymatous nephritis have been observed after death. In experiments on Guinea pigs the *large white kidney*, and sometimes the *small granular kidney* have been found. Incontestably, Koch's lymph has produced on consumptive men and on the healthy animal endocarditis and nephritis. We are also justified in giving Koch's lymph in the treatment of nephritis, according to the law of similars. The

clinical experiments need to be repeated to demonstrate the curative action of the remedy ; but for the present we have a certain number of cases where Koch's lymph produced the disappearance of albumin in urine.

Dr. P. Jousset, of Paris, gives in *l'Art Médical* (August, 1892), several clinical cases, which I reproduced in the *North American Journal of Homœopathy* (February, 1893).

CASE I.—*Acute Parenchymatous Nephritis*: General dropsy ; rare ; sanguinolent, very albuminous urine (4 grammes per litre). Apium virus 6 and cantharis 6 diminish general dropsy and bloody urine disappears, but albumin, after diminution, is stationary at $\frac{1}{2}$ -gramme. The Koch's lymph in the sixth attenuation is prescribed. After eight days of the use of this remedy, albumin disappeared entirely ; but the patient, a few days after, ate and drank wine, and albumin reappeared.

CASE II.—*Chronic Interstitial Nephritis*: case of long duration ; uremic vomitings and convulsions ; general arterio-sclerosis. *Glonoin, fuchsina, nux vomica, iodium* were taken before the Koch's remedy, and stopped vomitings and convulsions. Urine = $1\frac{1}{2}$ litres per day ; albumin = 0.40 gramme, and urea = only 6 grammes per litre. Koch's lymph 6 is given with the milk diet. A few days after, urine increases (3 litres per day) and albumin diminishes (0.25 gramme). Later, Koch's lymph 3 is prescribed, with a mixed diet—milk, eggs, potatoes and ham—and albumin disappears entirely. Two months after, no trace of albumin with the usual tests, but a very sensitive one reveals some faint traces of albumin, and pale and copious urine indicates still the existence of sclerosis of the kidney ; in fact, there is a great amelioration, but we must wait the result of the case to pronounce the word “cured.”

CASE III.—A woman, with a cardiac lesion and a persistent albuminuria, took Koch's lymph 6, and, during the use of the remedy, albuminuria disappeared entirely.

CASE IV.—A young lady, after grippal broncho-pneumonia, had a persistent albuminuria. Koch's lymph 6 cured the albuminuria in a few days.

CASE V.—Count of V ——. Arterio-sclerosis and vascular cardiopathy ; albumin from 0.25 gramme to 1 gramme per litre. The Koch's remedy 6 suppressed the albumin in four days. A little later the patient took some meat, and albumin reappeared to the amount of 0.50 gramme per litre, and finally disappeared a few days after.

We can remember that at the time of the great discovery of Koch's lymph there was a very warm discussion on the subject of the identity of the tuberculous bacillus in the different species of animals. Koch claimed that there was only one kind of bacillus

which could be inoculated in all animals subject to tuberculosis. On the contrary, the French school, from the very beginning of the discussion, maintained that tuberculosis was not identical in all animals. In 1891, at the second Congress for Tuberculosis, at Paris, Straus and Gamaleïa declared that the tuberculosis in the gallinacæ was different from human tuberculosis. Inoculated upon rabbits and guinea-pigs, the bacillus of human tuberculosis produced the well-known lesions of the lungs, kidneys, etc., while that found in birds caused the death of the animal without these changes.

Vignal finds that pheasants inoculated with pure cultures of the bacillus tuberculosis Kochii, whose virulence has been proven by inoculation upon guinea-pigs, did not become tuberculous after repeated inoculations. From this he concludes that the bacillus of Roux and Nocard, from the Pasteur Institute, found in birds, is not a modified form of Koch's bacillus, but another species.

Cadiot, Gilbert, and Roger contend, as the result of their experiments, that the two bacilli are not identical, but are of the same origin.

Since these different researches, published at the Congress for Tuberculosis, at Paris, in 1891, by the French school, the work has multiplied in different countries, and it is now incontestable that the avian tuberculosis is not identical with human tuberculosis.

The infection of the tuberculosis of birds acts on the different mammalia as follows: According to Rivolta, the bacillus of avian tuberculosis is not in a favorable condition for development in guinea-pigs; yet they are very sensible to human tuberculosis. Rabbits offer less resistance to avian infection than guinea-pigs, but Darenberg, Grancher, and Ledoux-Lebard have ascertained that rabbits live several months after avian inoculation, and showed disseminated tubercles in the organs. We know that a rabbit inoculated with human tuberculosis dies in a few days of general tuberculosis. Straus and Gamaleïa have not found visible tubercles after two weeks' inoculation of avian tuberculosis. Later on they found a few disseminated tubercles, and, lastly, some of the rabbits would survive. Freudenreich has seen rabbits become thin; then die without showing any tuberculous lesion. He inoculated avian tuberculosis, cultivated in cheese, and he thinks the rabbits died simply from the poisons contained in the cheese. Maffuia claims that a special form of tuberculosis is developed. Metchnikoff has observed microscopic tubercles; and according to Kostenitsh and Wolkow, the avian tuberculosis differs from human tuberculosis in

rabbits by the following signs: with avian tuberculosis the initial reaction manifests itself in a more intense manner, but the tubercles are formed later; lastly, there is a very marked difference in the type of caseous degeneration. Dogs are absolutely refractory to avian tuberculosis; they simply become thin and then get well again.

For a long time it was thought that dogs were incapable of contracting human tuberculosis; it is a slight mistake. They seem to be nearly refractory to spontaneous human tuberculosis, but they are not at all refractory to experimental human tuberculosis. But, a thing worth noting, a small number of experiments not yet terminated allow us to hope that the inoculation of virulent avian tuberculosis may preserve dogs against experimental human tuberculosis.

As for monkeys, Hericourt and Richet have proved by conclusive experiments that they were, like dogs, refractory to avian tuberculosis. Would it be the same for man?

Two monkeys receive subcutaneous injections of virulent avian tuberculosis; a third absorbs an intravenous injection. These three monkeys are all in good health, whereas one very feeble dose of human tuberculosis rapidly kills monkeys.

But the most interesting point is, that these monkeys, inoculated with avian tuberculosis, rapidly mortal for rabbits, even at much smaller doses, seem in this way to have acquired, not immunity, but a greater resistance to the action of human tuberculosis. In effect, two monkeys, previously inoculated with avian tuberculosis, were inoculated with human tuberculosis at the same time another monkey, a fresh subject, was inoculated. The last monkey died of decided tuberculosis at the end of thirty-five days. The two other monkeys, inoculated with avian tuberculosis, died at the end of fifty-six and fifty-seven days; but they were crammed with tubercles; there was therefore a survival of more than twenty days.

What must we think of all these experiments in regard to man? There is reason to conclude that man, being a mammalia, he ought also to be refractory to avian tuberculosis. Would avian tuberculosis, inoculated in tuberculous men, be equally capable to bring a survival in them? Richet and Hericourt are trying to vaccinate man with avian tuberculosis to preserve him against his own tuberculosis, but nothing up to the present has been officially published. It is evident that there is in the avian virus analogical properties, but not identical ones, with human virus, and that we find ourselves

in face of an absolutely homœopathic means in seeking to treat tuberculous men by avian tuberculosis.

Dr. P. Jousset, since last December, has tried at Saint Jacques' Hospital avian tuberculosis in tuberculous men. He has procured an extract of avian tuberculosis, put in the digester (*passé à l'autoclave*), and in consequence deprived of living bacillus; he has made a 6th and 12th centesimal dilution of it. The dose is one drop in hypodermic injection, or a few drops in a potion. It is impossible as yet to know the results of these new experiments, but I hope Dr. Jousset will publish them in his journal, the *Art Médical*. From the first experiments, these injections at the 6th often produce a febrile reaction, and therefore do not seem to be without some danger. Some patients seem to be slightly benefited, while others, on the contrary, feel no effects from it up to the present.

Certainly the value of homœopathic medicaments drawn from tuberculous poisons has been too little exp̄imented on to be able to draw any conclusion; they are simply experiments, and at the present time it is simply necessary to make them known.

Bacillinum merits studying in affections of the respiratory organs not tuberculous, Koch's lymph in nephritis, avian tuberculosis in human tuberculosis.

I have spoken here of the first attempt. You will pardon me, gentlemen, if I have chosen such an incomplete subject; but I have preferred to tell you about new things, interesting and at the order of the day.

A CASE OF DIPHTHERIA CURED BY ARUM TRIPHYLLUM.

BY DR. CHANDRA SEKHAR KALI, L.M.S., CALCUTTA, INDIA.

THE daughter of Baboo A. C. Seu, proprietor of the *Sakha Press*, aged $2\frac{1}{2}$ years, had been suffering with high fever for four days, temperature reaching as high as 106° . A native doctor was attending the case. On the 23d January, 1894, I was called to take charge of the fever case of a girl in the house of Baboo A. C. Seu. I went to the house, and found the girl with a high fever, marked tympanitis and difficulty of breathing, with a peculiar guttural sound which invited my attention to her throat. I brought the child outside the room in a good light of the sun, and opened her mouth with a spoon, and discovered three or four patches of sores

on the right side of the uvula and partly covering the tonsil of that side. A similar small sore was on the left side of the uvula. There were also sores on the right side of the pharynx. Tonsils of both sides were enlarged. All the sores were seen to be covered with a thick, white, cheese-like crust, mostly granulated. I declared the case to be one of diphtheria. *Lycopodium* 12 was given three times in the course of twenty-four hours. On the next morning I saw the case was much improved; fever was about 101° , tympanitis was no more, and the breathing of the child was much better. I examined the throat, and, much to my astonishment, I saw that the cheese-like, white crusts were almost gone. On the 24th day of January lycopodium was again repeated three times. The child was sucking its mother's breast. I ordered her also juice of *masuri* (*viçiahus*) from the very beginning of my treatment. The child went on improving for two days—so much so that I was suspicious whether it was a case of diphtheria or some other sore, and I told the attending physician and the father of the patient, "God grant I be wrong in diagnosis, and it be not a case of diphtheria." After two days these white crusts appeared again in a more extensive way, involving both sides of the pillars and arches of the fauces. The uvula was almost covered by the sores. Deglutition and breathing began to be more and more difficult, but there was no tympanitis. The child being tortured with suffocation during the attempts at sucking, did not try to touch the breast at all. Chicken broth was tried with a spoon, but this also was refused. She could not swallow properly. The question of tracheotomy was raised by many advisers, but I opposed it, and chicken broth, about two drachms, was injected through the rectum every two hours for the purpose of nourishing the child. After a dose of *sulphur* 30th, lycopodium was again resumed, but it showed no effect. In this state some prominent physicians of this locality saw the case, and declared it to be an unfavorable case of diphtheria. Now the suffering of the child was indescribable. Sometimes it was drowsy, sometimes very restless, but always with extreme difficulty of breathing. Salivation took place. *Merc. cyanide* 30 was resorted to, but it had no good effect. Its 3d potency also was tried with the same result, and we all grew hopeless.

The child's constant boring in the nose and picking the lips reminded me of *arum triphyllum*. The θ was applied over the external part of the throat (*i.e.*, on the skin), and the first-decimal potency was given externally every two hours. The action of the *arum*

was marvellous. Next morning the child was much improved, fever less, not much restlessness; there was greater tendency to sleep; respiration slightly improved, but no power of sucking. The child began to improve, but very slowly. For fully eleven days she was unable to suck, and was nourished through the rectum, as mentioned before. Sometimes juice of masuri was also injected in place of chicken broth.

The *arum t.* was continued, and the case made good progress. Crusts of the sores were thrown off daily and the sores improved. Gradually the power of deglutition returned; she could swallow milk safely. *Arum t.* 1x. was now given only thrice daily. On the 10th of February she asked for biscuits, and I allowed Huntly Palmer's pearl biscuits, five or six pieces. She could take it down without difficulty. The case made a complete recovery without sequelæ of any kind.

Remarks: 1. A few days before this child was attacked with the disease, one of the cats of the house began to salivate, refused food and died; another cat caught the same condition during which time the child was ailing under the disease. The child might have been infected from these domestic animals. We should be careful when any of our domestic animals are diseased; generally their diseases are of an infectious nature though some may be of innocuous type.

2. We should not be hopeless when any of our patients, however small or grown up, lose the power of swallowing. Feeding through rectum can keep up the strength for a long time. This I have done in many other cases, even for a month's time.

3. Tracheotomy in small children is almost always fatal. What would have been the fate of this child, if this operation had been resorted to?

4. In homœopathy sequelæ of diphtheria are rarely seen. The remedy in its true sphere is always specific.

5. Sometimes one medicine is not sufficient to cover a case when its nature is turned. In this case I had hope that lycopodium would do whatever was required. But its nature so turned that lycopodium did no more good; so *arum* was resorted to with all satisfaction.

6. *Arum triphyllum* is a plant which is abundant in India. It is called (kherkone) in the Ducca quarter and in the Calcutta quarter, it has been named "Whetkole." I saw it used among the native *kabirajes* who use it in cases like this under the common name "galahari," i.e., dangerous disease of the throat.

7. Homœopaths should not be hopeless in any case as long as they have such valuable remedies at their command.

8. In this case I was called to attend a fever case and on inquiry it proved to be a case of diphtheria. This shows the necessity of a correct diagnosis. At first, I thought the difficulty of respiration, to be owing to tympanitis; but the peculiar respiration with guttural sound aroused my suspicion.

9. In the diet the juice of Masuri (*viciabus* or *cirurbus*) was given to the child. I think many readers may not know about this Indian diet, Masuri. It is a sort of red pulse called Masuri or vegetable flesh by the Aryan physicians. It is an excellent nourishing substance in its different preparations about which I intend soon to write.

SOME CONSIDERATIONS CONCERNING THE HEART IN RELATION TO ITS OWN AND OTHER MALADIES.

A PLEA FOR THE PROPER ESTIMATION OF THE CARDIAC APPARATUS AS A SYMPTOM AND STATE-PRODUCING FACTOR.

BY EDWARD R. SNADER, M.D., PHILADELPHIA.

(Read before the American Institute of Homœopathy, Denver, Colo., June, 1894.)

IN this day of specialism and specialists we are prone to forget that the wonderful mechanism of the body is a unified whole, not a collection of organs differentiated from an apparent unit into a multiplication of highly-specialized, function-performing organs that have no dependence upon other parts of the body for the carrying out of the work of life.

The importance of the heart and bloodvessel system, in their power to become factors in the production of symptoms and conditions, cannot be overestimated by the general practitioner or by the specialist. The frequent dependence of diseases, apparently local in origin, upon organic or functional affections of the heart is, to my mind, a proven fact. Both the general practitioners and specialists are chargeable upon the score of insufficient investigation of disease, and there is real danger to progress in medicine in assuming that simply giving a name to a disease and treating it in a stereotyped fashion is fulfilling the physician's whole duty.

I hold that a correct diagnosis is, in the vast majority of cases, of

paramount importance. I hold, too, that a diagnosis must be a comprehensive one—a diagnosis of the tissue conditions involved, of the general and local effects of the lesion or state, and of the possible dependence of the condition, apparently local, upon another and may-be distant organ, or of distinctive origin *in situ*; in other words, a diagnosis for the purpose of rationally applying therapeutic measures for the cure or amelioration of a disease, as well as to give name to it and furnish prognostic data.

The heart and bloodvessel system is so intimately connected with the nutrition of all parts of the body, that the cardiac influence is frequently the dominant one, not only in acute but in chronic diseases, local and general. While the heart is the centre of nutrition, it is easily obvious that outlying conditions and diseases affect the heart both directly and indirectly. The centre influences the circumference; the circumference influences the centre.

There exists a mutual and indissoluble interdependence of the great mechanism, the human frame, and it is to this dominant interdependence of conditions and causes, playing in a consistent cycle, with which rational diagnosis, rational prognosis, and, above all, rational therapeutics, has to deal.

Related to all organs, it would seem impossible that the heart, as an underlying factor capable of producing symptoms and states of the system, and of modifying and originating local diseases and general conditions, should be overlooked in the investigation of maladies. The cardiac apparatus is often overlooked, completely ignored, and some organs are practically assumed to be able to perform their functions independently of cardiac help. In a theoretical way, in a sort of dreamy mental conception, the heart is known to be in some way connected with the nutrition of parts; but the vital fact of the absolute dependence of the economy upon the functional integrity of the heart is not *felt, sensed, LIVED*, if you please; and hence the importance of the condition of the heart and its power of modifying nutrition, and of producing symptoms and states, is overlooked or underestimated in the investigation of many local and general diseases.

In a broad sense, *the heart is back of all* disease phenomena, and of all physiological phenomena, and it is plainly our duty to justly estimate the exact *rôle* it plays in the production of symptoms directly or circuitously, and how special states or conditions boomerang back upon the circulatory centre, producing vicious pathological circles.

It seems to me obvious as a practical fact that the heart, as an organ, can be unable to perform its allotted functions well independently of the presence of actual and discoverable organic defect. In other words, a heart, the orifices and valves of which are perfect, the cavities of which are normal, the walls of which are unaffected in their essential structural elements, may be too weak to perform its work. A cardiac apparatus, too, may be deficient in working power without the presence of any of the so-called classical functional heart diseases. It is obviously, then, not sufficient, in the investigation of a case, to examine the heart, and, finding the valves and openings perfect, and noting the absence of hypertrophy, of dilatation, of fatty degeneration, of myocarditis, to conclude that the heart is not a factor capable of causing some of the symptoms present or of modifying the whole clinical picture. The heart may possibly be the cardinal mischief-maker, notwithstanding gross pathological changes in its structure have been excluded. Of course, if a heart is obviously diseased, it is much more likely to cause symptoms than if it is not organically affected; but, on the other hand, it must not be forgotten that a diseased heart may be fairly equal to the demands usually made upon it. My plea is that the heart be measured as to its competence to perform its functions, whether it be the seat of actual disease or not.

Now, while it is true that the heart may be incapable of properly meeting the demands made upon it, it is equally true that the heart may do more than is required of it, and hence give rise to symptoms and states requiring correction. Some hearts that are obviously hypertrophied do not give rise to much systemic or local disturbance; some give rise to a great deal, and some hearts, not hypertrophied at all, occasionally, for brief periods, overact and become symptom-producing factors.

My experience shows that many headaches have a cardiac origin, dependent upon a too weak or a too strong heart. Some cephalalgias, readily referable causatively to some other than a cardiac origin, have a heart element in them that cannot be overlooked. Vertex and occipital headaches are often ameliorated by attention to the cardiac apparatus, other things being equal. Two bad cases of what might improperly be called cerebral neurasthenia were found, after careful investigation, to be dependent, one upon cerebral anæmia, due to aortic stenosis, the other upon cerebral hyperæmia, due to simple cardiac overaction. Vertigos, even symptomatically of gastric origin, are often quickly ameliorated by medicines directed more

or less specifically toward the control of the circulation. In some such cases I have thought that the gastric affection was secondary to the cardiac incompetency, and that, by getting in on the "ground floor" of the symptomatic building, as it were, I was able the more speedily to afford relief.

Weak heart action, generally, however, with intermittency, in some middle-aged individuals, gives rise to a dull, indefinitely-located headache, with what might be termed graphically half-vertigo (a feeling as if they were about to become dizzy) and slow cerebration.

Tinnitus aurium, dependent upon cerebral atheroma, can often be distinctly ameliorated by dilating the arteries and strengthening the heart, if that organ be incompetent, or by soothing and regulating it, if it be too active. Murmurs are apt to be heard in the ears by patients suffering from Eustachian obstruction, and this is true whether the heart's valves be normal or not. Removal of the Eustachian obstruction, together with sedation or strengthening of the heart's action, as required, sometimes give happy results.

Even the eye does not escape the general dominance of the heart. One case (aortic stenosis and mitral regurgitation), according to an old-school oculist, had frequent retinal hæmorrhages; another mitral case had frequent alternating hemiopsia, mostly horizontal, obvious enough to her to be a decided annoyance; another had transitory anæmia of the retinæ; and still another (a young woman, with mitral regurgitation) had progressive myopia. Anti-syphilitic treatment failed utterly, and the only drugs that seemed to have the slightest effect in staying the progress of the malady were those having a direct tonic effect upon the heart.

Catarrhal processes of the naso-pharynx are sometimes dependent upon the condition of the gastro-enteric tract, and the latter are not infrequently secondary to weak cardiac action, and are occasionally ameliorated by direct attention to the heart. Whenever I note excessive venous engorgement, marked œdema, decided dilatation, or pulsation in the vessels, or too great redness, I examine the central organ of circulation in order to determine whether the heart is a contributing factor, directly or indirectly, to the pathological picture in the pharynx.

Epistaxis is a frequent symptom of valvular heart disease, and also occurs independently of discoverable structural change. If of cardiac origin, nasal hæmorrhage is magically controlled by regulating the circulation. I have confirmed this point many times.

Such nosebleeds, however, are often conservative, and need no treatment.

The larynx is often held responsible for coughs that are really of cardiac origin. Slight catarrhal lesions may actually be present and yet not be the actual cause of cough. In other words, the pathological conditions capable of causing cough may exist and yet may be inoperative, the real cause being the irritation caused by venous congestion secondary to defective heart action. Cough is far more likely to occur when the cardiac valves are diseased than when the heart is simply functionally incompetent, but I have noted several instances in which cough was a prominent symptom when no organic heart disease was discoverable.

In one case of laryngitis, threatening life from the marked œdema, my previous knowledge of the condition of the patient's heart, led me to suspect a cardiac cause for the œdema, and therapeutic measures, largely directed to strengthening the heart, led to rapid amelioration of the dangerous symptoms without operation.

Tracheitis and bronchitis often pursue an unduly prolonged course because of a weak heart. Chronic bronchitis is often remediable if the circulation can be rendered equable. The frequency of bronchial affections with valvular disease is too well known to require comment, but the not infrequent dependence of that grave disorder, pulmonary œdema, upon simple cardiac weakness and alterations in arterial tension, is too little known.

The necessity of guarding the heart in acute pneumonias and pleurisies with rapid effusions ought to be the stock-in-trade knowledge of every physician. The vital need of apprehending the first signs of dilatation of the right ventricle in vesicular emphysema and fibroid phthisis is of paramount importance in the successful management of patients afflicted with such incurable maladies.

In phthisis pulmonalis the heart's ability to sustain equably the pulmonic circulation often determines the rapid or slow course of the disease. If the heart be weak, venous congestion will be greater, the arterial supply lessened, the nutrition less, the œdema increased, and the lymphatic barriers blocked by pressure.

In lung cases a knowledge of the heart's capabilities is of cardinal importance in the selection of climate. A good climate for the lungs that is a bad one for the heart may railroad a phthisical patient deathward.

Hæmoptysis is often due to the heart, but bleeding direct from the pulmonary parenchyma, can often be readily stopped by calming the circulation or strengthening the heart as required.

Intercostal neuralgias, reflex from cardiac lesions, I have frequently found it impossible to cure without direct attention to the heart itself.

Dyspepsia is quite frequently due, directly and indirectly, to cardiac weakness. Complete anorexia I have at least once traced to a cardiac cause. Dyspepsia may be due to imperfect blood supply and consequent insufficient elaboration of digestive elements. Later, nutrition becomes seriously affected, and then the heart suffers with the rest of the organism. Gases, pressing upon the pericardium, mechanically interfere with normal cardiac action, and, with deficient nutrition, originally starting in heart weakness, or starting in the gastric sphere and ultimately affecting the strength of the heart, a vicious circle of abnormal action and reaction is established—a chain of conditions seldom permanently remediable if the heart be entirely ignored.

Aside from the fact that the liver becomes passively congested in certain valvular lesions, that viscus is sometimes the seat of engorgement as the result of simple cardiac weakness, and then supplies a multitude of rectal, visceral, and indirect cerebral symptoms, all primarily dependent upon insufficient power in the cardiac pump, yet giving little indication of their origin in the totality of the merely symptomatic picture.

All organs in relation with the abdominal sympathetic are affected by the heart and in turn affect the heart. Cardiac failure, with prolonged and dangerous syncope was a pronounced feature in two cases of every-day colic seen by me, one, a sufferer from aortic stenosis, who was confined to bed for two weeks after the subsidence of the intestinal torture on account of the condition of the heart alone, and in another, a young woman of twenty-three, without discoverable organic cardiac disease, was pulseless and cold to the shoulders during and after the subsidence of the pain. For over three weeks this patient had to be kept absolutely quiet, as the mere raising of the head from the pillow would cause the heart to suspend its action.

The exceeding frequency of gastro-enteric catarrh, upon which some attacks of colic depend, and which disease, independently of pain, occasionally gives rise to most atypical clinical pictures, I have often traced to previously unsuspected valvular lesions; but have sometimes found the catarrhal process to depend upon simple cardiac inefficiency, or the heart being rendered weak, in some instances by the same toxic influences of which the gastro-enteric tract was eliminative or originative, as in gout, rheumatism, lithæmia, Bright's, etc.

The maladies known collectively as Bright's disease all affect the heart more or less directly, especially, of course, the cirrhotic kidney. However, it must not be forgotten that clinically Bright's is not typically of the text-book variety, but is often mixed, *i.e.*, may have one or more predominating elements of one of the fixed forms and shade off into the pathological processes characteristic of others. The alterations in the heart muscle itself, in the arterial walls, and in vessel tension, are responsible for multitudinous pathological processes. The giving way of the right or left ventricle is sometimes the first sign of a total break up in the interstitial form. Without the possibility of controlling the general and local circulation the chances of cure or amelioration in this class of cases is, to my mind at least, problematical. Without a fairly-sound heart it is impossible to cure Bright's of any variety.

Menstrual vagaries, in my rather limited gynæcological experience, I have occasionally found dependent upon organic heart disease, and exceptionally, it is true, upon simple circulatory weakness. Uterine hæmorrhage, menorrhagia, suppressed menses, so-called congestive dysmenorrhœa, have yielded to therapeutics directed specifically to the heart. Where decided tissue changes had occurred, as in purulent endometritis, I have not succeeded with medicines alone, but have seconded the remedy by direct local treatment.

Recurring acute attacks of hæmorrhoids, in cases of mitral disease, without general symptoms indicating rupture of compensation, have yielded to cardiac therapeutics more rapidly than to the usual medicaments.

Sexual disorders, including even what I would call passive prostaticorrhœa, have twice or thrice been ameliorated by attention to the heart. The cardiac symptoms sometimes complained of by this class of cases are not always reflex from a sexual source. The heart may really, in a certain sense, be the prime cause of the disorder, simply manifesting its own weakness at the weakest part of the patient's anatomy.

The spinal nervous system, as well as the cerebral, often presents groups of symptoms typically neurasthenic, that are primarily dependent upon cord anæmia or engorgement. Improvement in the circulation, in such cases, has led to some unexpectedly rapid curative results.

Professor J. N. Mitchell, in a paper read two years ago before the State Society, called attention to the danger attending pregnancy and labor in women suffering from organic heart disease; and I can con-

firm his observations in many particulars. But, aside from the time of actual labor, during the lying-in period the heart is not unfrequently responsible for a delay in involution. It must not be forgotten that the heart must involute, in a certain sense, as well as the uterus. Attention to the heart will sometimes materially hasten the destructive and reconstructive processes. My guide as to the propriety of allowing a woman to be about after confinement, is not the number of days since the birth of her babe, but the condition of the heart as well as the condition of the uterus, other things being equal. I have kept some women in bed a month or six weeks after confinement simply on account of the heart's condition.

Jerks when going off to sleep, nervous tremor, and cramps in the legs, are sometimes found in cardiac cases. A peculiar, dry, scaly condition of the skin of the extremities is occasionally traceable to a cardiac cause. "That tired feeling," and severe aching in the limbs and muscles, is also sometimes found when the heart is weak.

Now, while I am strongly of the opinion that the cardiac apparatus is frequently underestimated as a symptom and state-producing factor, I am convinced that, in certain cases, too much attention, or rather, ill-advised attention, is given the heart in some of the acute diseases—as pneumonia and typhoid fever. Certain maladies, in the course of their life history, produce so-called heart failure, by virtue of degenerative tissue changes, and it is of immense practical importance to have a knowledge of the diseases in which such failure is likely to supervene. Usually, the general condition of the patient gives warning of the possible or potential presence of waning heart power. But, this is not always so. I have seen decided cardiac failure in the first five days of the lightest kind of typhoid fever (that is, really before an absolutely positive diagnosis could be asserted), the patient presenting no visible evidences of parenchymatous tissue degeneration, the temperature being so low as to scarcely warrant the suspicion, much less the assumption, of grave muscle-fibre changes. Most of such cases of early cardiac failure, however, result from indiscretions on the part of patients. There is no legitimate reason for beginning drug-treatment to sustain the heart simply because cardiac failure is among the possibilities of the disease. This brandishing of the sword of drug power in the absence of the foe, leaves the therapeutic arm palsied when real danger appears, and almost assures defeat, unless the sufferer's cardiac apparatus be miraculously strong. In other words, to treat with drugs a possible cardiac failure that is three weeks or three days in the womb of the

future, is not in accord with the dictates of common sense. Such treatment exhausts the heart's muscular irritability when there exists no immediate need to call upon its scanty reserve force. When the first skirmish line of heart failure appears, then is the time, and then only, to commence active drug and stimulant treatment, directed specifically to the sustaining of the muscular and nervous energy of the heart, and carry on the circulation with reasonable equability. If such tactics are adopted the fight for life may prove only a skirmish, and real, appalling heart weakness may not appear. Now, while drugs and stimulants are usually not needed early, therapeutic measures looking toward the preservation of the strength of the heart, are of cardinal importance—such as absolute rest, easily-assimilable diet, proper bathing, to quiet nervous irritability, cause sedation of the vaso-motor system, and lower temperature. All these measures tend to keep up the heart's strength, and are, in many instances, all that is necessary.

In diphtheria, I do not wait for direct signs of cardiac failure, but commence bold, general stimulation, even before the slightest evidence of sepsis appears, because I know that with sepsis I shall have to deal with a myocarditis or cardiac palsy, and besides the *acute* danger period is short lived.

The condition of the heart after the subsidence of acute affections, I am quite sure is often ignored, and patients suffer unnecessarily long and tedious convalescence in consequence. I have been compelled to keep a pneumonia patient in bed three weeks after the subsidence of the acute symptoms, on account of the precarious condition of the heart alone, and this, too, in spite of the fact that in the crises the temperature fell only to normal. The patient declared himself absolutely well, color came to his cheeks, he increased in strength and appetite, and his tongue and temperature were normal. Yet, if raised to the sitting posture, his pulse went to pieces, and syncope occurred or impended. Verily, the sum total of the subjective symptoms presented by a patient is not the sum total of his disease, or of his condition. The physician alone, not the patient, should make the decision as to condition.

After typhoid I have noted a pulse of 100 to 120 for six weeks to three months after apparent complete recovery. I watch such patients closely and feed and drug them judiciously.

After diphtheria it is almost a crime to permit a patient to do anything but eat and stay in bed for two or three weeks.

Although the heart does become affected in vesicular emphysema

and in fibroid phthisis, so long as nature has compensated sufficiently for the stress upon the right ventricle, there is no call for specific interference on account of the heart, but the moment the first signs of cardiac weakness supervene the major portion of therapeutic attention should be given the heart, for upon the heart's integrity depends the lengthening of the life of the patient.

Now, while the cardiac apparatus, in acute and in some chronic maladies, often receives mal-attention, the heart, when it is the seat of orificial or valvular malformations, is sometimes subjected to unnecessary and injudicious treatment. The prescribing of drugs specifically for the heart simply because its openings and valves are imperfect is utterly useless and often positively injurious. A heart whose lesions are perfectly compensated requires no treatment whatever, other things being equal. The condition of the heart as a pump and a vital organ alone require consideration. The patient, not the disease, is the sole important factor. These observations, however, do not apply to acute or recent lesion of the endocardium, following or coincident with the many diseases of which endocarditis is a sequence. Here long rest after the subsidence of the graver phenomena, as emphasized by Prof. William C. Goodno, will result in less valvular or orificial distortion than would occur if the patient were allowed to be governed by his subjective sensations and feeling of well-being. During this sub-acute period of endocarditis, and, indeed, for a long time afterward, medicines having the power of promoting the absorption of inflammatory products and of limiting connective tissue growth and contraction, will be of service, and assist materially in minimizing the inevitably resulting damage.

A myocarditic heart, a fibroid heart, a fatty heart, should receive therapeutic attention from the first moment of recognition, whether occurring as a distinct or complicating affection, independently of the symptoms complained of.

What are the diagnostic criteria to be depended upon in determining the incompetency of the heart to perform its functions—in determining the solvency of the bank of life and its ability to pay out its wealth of blood corpuscles in its commerce with the creditor capillaries.

The signs of cardiac decadence or inability differ greatly in different cases. Sometimes exceedingly slight modifications of the heart sounds or intervals are all the evidences present, and often considerable concomitant and corroborative testimony of cardiac inefficiency

is obtainable. In some rare instances, the problem of cardiac competency is simply a suspicion, and the direct experimentation with drugs specifically acting upon the cardiac muscle only decides the question. Independently of the diagnostic signs of organic heart disease, which may or may not be present in a given case, other evidence of the heart's weakness is available for the purpose of solving the question of the competency or incompetency of the cardiac apparatus. Of course, when organic disease is present, exact allowance must be made for the modifications of the heart sounds and intervals that belong to the disease, else grave errors may be committed. If the impulse be weak, if the first sound be short, "muffled," "muddy," "gasey," and conveys the idea of sluggishly moving muscle, or makes you think of a fairly big impulse with little power back of it, and if this first sound is nearly as high pitched as the second, if it is less intense than the second sound, if the interval in the long pause of the heart's revolution be shortened, if the interval between the systolic and diastolic sounds be lengthened, that heart requires direct therapeutic attention, whether classical organic disease be discovered or not, and whether those signs be interpreted as meaning beginning dilatation or as meaning muscular and nervous incompetence or not. If the systolic sound loses its muscular quality and becomes like the second, imminent danger is at hand. If very moderate motion decidedly and pronouncedly accelerates the heart action much beyond the physiological limits, and causes the heart to be irregular, intermittent, tumultuous in action, and ventricular asynchronism develops, that heart needs looking after. If the first sound heard over the tricuspid area is only about half as loud as that over the region of the apex, and the left ventricle is not hypertrophied, other things being equal, the right heart requires more attention than the left. If the first sound of the heart is of the same intensity over both the tricuspid and mitral areas, other things being equal, the left ventricle is the one under most stress. Such hearts are weak, if nothing more, and require strengthening.

If the second sound of the heart be lower in pitch than the first the arterial system is relaxed. If the second sound be decidedly accentuated over the pulmonic area, and no valvular or orificial lesions are present and the adjacent lung tissue is free from disease, there exists increased tension in the pulmonary circuit. If the aortic second sound be decidedly accentuated, and the lungs are not solidified and the left ventricle is not hypertrophied, the tension in the arterial circuit is raised, or there exists arterio-fibrosis or atheroma, aortitis

or aneurism. Such hearts may or may not require attention. The diseases causing the increased tension may require most treatment, or you may call upon the heart to assist in overcoming the mechanical obstacles, for these obstacles eventually succeed in overwhelming the heart. Every such case is a law unto itself so far as the question of therapeutics is concerned.

If the impulse be strong and *all* the heart-sounds are simply intense and clear-cut, and reasonably preserve their normal disparities of pitch and quality, and the action is rapid, the heart not being hypertrophied, and the stomach and abdomen not distended with gases, the lungs being free from disease, and there being no sthenic fever present, and local and general throbbings are complained of, you are dealing with an over-active heart. Such beats are usually strong and require sedation.

When it is discovered that the heart is weak, only the threshold of the problem of possible relief has been reached. It must be ascertained whether the heart itself is intrinsically weak; whether its incompetence is exactly balanced with a present associated malady; whether its condition is simply a part of a general running down of the vital forces; whether its asthenia is dependent upon a mechanical cause near by or distant from the organ; whether upon a nervous cause; whether upon insufficient nourishment from disease of its supply-arteries, from poor blood, or from poisoned blood. The solution of this problem may require the exhaustive examination of many organs adjacent to and remote from the heart, and an elaborate analysis of the symptoms.

The next point to decide, is whether the heart requires rest or exercise; whether it requires direct stimulation; whether it is wisest to reach it indirectly by hypernutrition; whether the poisoned blood shall first (as in Bright's, lithæmia, rheumatism and gout), be eliminated of its toxic materials, or physiological drugging go hand in hand with the eliminative and hygienic measures, and whether the treatment of the disease, of which the weak heart is a complication and symptom-producing factor, will be all that is necessary. Sometimes the vaso-motor system must be regarded as part of the cardiac apparatus, and sometimes the vessel-moving mechanism must be conceived of as a separate and distinct system.

The necessary judgment-balance to solve such a problem will soon be acquired by a careful clinical observer—by one not given to the method of making “inspiration” diagnosis at a range of four feet. I say this without sarcasm. I know personally that one can be woe

fully deceived by symptoms alone. Symptoms are not reliable. Symptoms interpreted by signs speak volumes. The heart's condition can never be accurately determined by mere symptoms, no matter how typical. I have been fooled too often on this point. I have seen cases that, prior to a physical examination, I would have sworn were cardiac ones. The most elaborate, careful, painstaking, and repeated explorations, however, failed to reveal anything discoverably abnormal in the heart. Some of these cases presented deathly dyspnœa, due, as the examination taught me, to vaso-motor spasm or relaxation.

While I believe the heart is a possible symptom- and state-producing factor in many diseases not specifically cardiac, I do not want to be understood as wishing to give the heart undue importance. But, that a vital necessity exists of giving the cardiac apparatus a due amount of attention, I most seriously contend. Both general practitioners and specialists neglect the heart.

A New York specialist in throat diseases recently treated, and with fair success, too, a post-nasal catarrh, the patient meanwhile being swollen to the knees from cardiac dilatation. Had he been able to see those legs through his head-mirror he might have been still physician enough to have sent the patient where he belonged. Another stomach specialist treated a man for so-called nervous dyspepsia until he was dropsical to the umbilicus from combined cardiac and renal disease, the "dyspepsia" being secondary to these dire diseases, and not specifically a local matter at all. Here the heart was totally neglected.

It was my misfortune to be personally cognizant of the treatment received by a young lady suffering from a form of tonsillitis that, even without the simplest medical attention, would have recovered in three or four days, who only took, in the course of twenty-four hours, only fifty grains of salicylate of soda, because the throat affection was probably rheumatic; only a tablet composed of one-eighth minim each of aconite, bryonia and belladonna every two hours for the fever; only applications of hot water to the throat externally as a local sedative; only gargles of guaiacum and Listerine as a local antiseptic and corrective; only one-eighth grain of morphia hypodermically at night to relieve the dysphagia, and only five drops of digitalis every three hours, because the pulse intermitted—only these and nothing more. It is a wonder that only a pansy blossom and an obituary notice did not complete the clinical picture. What magnificence of therapeutic resources, and what a paucity of judg-

ment with which to apply them. One wonders what such a man would do were he to stand in the presence of appalling disease disaster, where life hung in the balance, and exquisite judgment was demanded.

I by no means wish to make every disease a cardiac one, but it is just these two extremes of non-attention and unnecessary attention that I wish to inveigh against.

I present this paper as a general practitioner, not as a heart specialist. If it be charged, however, that it is the paper of a specialist, I have but to reply that that is the sort of specialist every general practitioner ought to be, and, further, that's the sort of a general practitioner every specialist ought to be.

I make no apologies for the lack of literary merit in my paper. Sounding sentences and fetching phrases are not consonant with the succinctness with which time compels me to deal with this subject. I am well aware that a lengthy and possibly profitable paper could be written on every single proposition that I have advanced. I know of no work extant that treats specifically of the heart in relation to general diseases, and I have been compelled to draw from my personal experience in presenting the subject in this broad and suggestive way. Just how much of this paper is the stock-in-trade knowledge of all physicians, and just how much is original, is a matter of indifference to me so long as I am able, by even this kaleidoscopic and imperfect glance over the field, to give emphasis to the necessity of properly estimating the cardiac apparatus as a symptom- and state-producing factor. I have only been able, in this short time, to limn out in rough perspective a picture of the possible clinical individualization of cases. You may be able to fill in the finer details.

RADICAL CURE OF HERNIA.

BY J. KENT SANDERS, M.D., CLEVELAND, O.

(Read before the Homœopathic Medical Society of the State of Ohio, May 9, 1894.)

AFTER seeing several poor results of operations for the radical cure of inguinal hernia done by the Macewen and McBurney methods, and also having two myself with a return within a few months, I trust it is not wasting the valuable time of the Society by calling

attention to a report of six consecutive cases, done on the principle of Bassani, described and modified by Marcy of Boston and Halstead of Baltimore.

The salient points in the operation are :

1. Dissect up the sac after reducing its contents, and cut it off close to the abdominal walls while it is stretched slightly. Then suture the sac with a double continuous suture, either a kangaroo tendon or sterilized catgut, having the sutures run at right angles across the elliptical opening, especially if the hernia is of any size.

2. *Restore the obliquity of the inguinal canal by reforming its posterior wall.* Lift the spermatic cord from the canal so that its exit from the abdomen shall be at the upper border of the internal ring, and under the cord ; starting from the lower border, unite the transversalis fascia to the deep portion of Poupart's ligament by a double continuous tendon suture. Take as many stitches as required to closely and evenly coaptate, leaving only room enough at the upper end for the cord to play in without pressure.

3. The anterior wall of the canal is now re-formed by loosely suturing the conjoined tendon and fascia of the oblique muscles to the superficial portion of Poupart's ligament over the cord, starting from above and going down, with the same stitch, a double continuous tendon suture, and thus form the external ring. Care must be taken not to make too much pressure on the cord.

4. The skin incision is closed by a continuous buried suture, and if there has been no septic condition the parts are sealed and dressed without drainage.

The great advantage of the operation is the restoration of the obliquity of the canal ; not a mere constriction of the canal, as most of the operations are. Also, the use of kangaroo tendon is of great advantage. It can be used as a buried suture, is easily rendered aseptic, and does not dissolve for several days ; that is, until there has been enough exudate to hold the parts together. The pattern of the needle devised by Marcy is of the greatest advantage ; the curve adapting them to the different parts of the operation admirably.

The technique of the double continuous suture is rather difficult to describe without drawings. The curved needle, in a handle with the eye in the point, is threaded with kangaroo tendon, and is forced through from one side to the other of the opening, and after piercing the tissues is unthreaded, and threaded with the loose end. The needle is then withdrawn, and, still carrying the suture, is again

made to pierce the tissues about one-quarter of an inch away. The needle is unthreaded, re-threaded with the other end, and withdrawn as before, thus completing the second stitch. The other stitches are done the same way, and when of sufficient number the needle, when withdrawn, is unthreaded and the two ends tied. This describes briefly the operation done in the following :

CASE I.—P. C., aged 35, a farmer. Reducible, indirect inguinal hernia of right side, combined with varicocele. Totally incapacitated for hard work since occurrence of rupture, two years previously. Truss tried with no success and considerable pain. Operated January 28, 1892, on hernia, and also radical operation for varicocele, before the class of the Cleveland University of Medicine and Surgery. Discharged February 27th from the hospital; incomplete recovery. Last report from the case in February, 1894. Has been working harder than ever before in his life, doing a great deal of lifting in connection with railroad building.

CASE II.—Mr. White, aged 28. Was incapacitated for any but lightest labor by a rupture, result of wrestling three years previous. Had worn truss off and on for some time, but within the last three months had had symptoms of incarceration of omentum, which had totally incapacitated him for all work. Operated, February 18, 1892. Found indirect, inguinal hernia, with adhesions of the omentum to the sac, so that there was great difficulty in separating it. Uneventful recovery. No pus formed, and he only had four dressings. He was discharged at the end of the third week. Last report was received March, 1894. He was doing the hardest kind of work, and is getting a local reputation for wrestling, and with no sense of discomfort or return of hernia.

CASE III.—T. B. S., aged 40. Had had hernia since a boy. Very large scrotal hernia of right side, which was easily reducible. Had never had a truss that would hold it in entirely. Had worn a suspensory bandage for years, which seems to have kept it from distending the scrotum any further. He had done ordinary labor, but always with considerable backache. On April 16, 1893, sustained Potts's fracture of left leg. On April 24, 1893, I operated for the hernia. Uneventful recovery. Has been working hard, gardening, since July, 1893, and reported April 15, 1894, that he has been feeling better than he ever had in his life before, and been doing heavy lifting, which he had never done before.

CASE IV.—T. Garrash, aged 32. Entered Huron Street Hospital November 8, 1893, with a fracture of the humerus. Had an

indirect, inguinal hernia of the left side, acquired during service in the German army. Taking advantage of the forced confinement, I operated before my clinic November 10, 1893. He denied any gonorrhœal history. The day after the operation a suspicious urethral discharge began, followed by a suppurative epididymitis. The whole cord was involved, which made the healing of the wound unusually prolonged. Pus taken from the abscess of the testicle showed the gonococci of Neisser. The handling of the cord and the unusual pressure may have assisted in this complication, but I do not believe he would have had it had he been free from gonorrhœa. He was discharged at the end of the fifth week. He reported in March, 1894, a complete cure.

CASE V.—Charles Carpenter, aged 34. Entered Huron Street Hospital January 30, 1894. He had a rupture from lifting a barrel one year ago. Small, indirect, inguinal hernia of left side. Has had repeated attacks of symptoms indicating a temporary strangulation. General failing health; totally incapacitated for work. Operated, January 31st, in my clinic. Bowel was easily reduced, but the omentum was so inflamed and adhered that it required the amputation of about three square inches. Uneventful recovery. Discharged February 24, 1894. A week ago reported. He had done very hard work, lifting and bending over, ever since leaving the hospital, with no discomfort.

CASE VI.—George Krause, blacksmith, aged 45. Entered hospital February 27, 1894. He had a very large scrotal hernia of the right side, which he had had for twenty years, and that never gave him great discomfort. Also a small inguinal hernia of the left side, dating back to a tussle with a horse some two years previous. This had been giving him so much pain and distress that he had gradually given up work, and was in a rather run-down condition. Operation, February 28, 1894. I expected to operate on both sides, but when taking the last stitch on one side (the smaller one I took first, expecting some difficulty in reduction) my needle broke, and I could not finish the other side. He refused a second operation a week later, but is now so pleased with the result on the one side that he promises me the opportunity of the other operation at an early date. The Society will perhaps not consider the last cases as having had a sufficient trial to warrant a report of cure, but the appearance of the cases even so soon are so favorable as compared with that resulting from the other modes of operation, that I expect just as good results as in the first four.

PRACTICAL EXPERIENCE IN DIPHTHERIA.

BY C. NEIDHARD, M.D., PHILADELPHIA, PA.

DR. W. H. SEIBERT, of Easton, Pa., in speaking of the best disinfecting agencies in preventing diphtheria, makes the following remarks:

Boiling water or live steam (100°); dry heat at 286° F. for two hours; *chloride of lime* very freely used for all discharges; *chloride of mercury*: this should contain at least 25 per cent., if available; *chlorine*, six ounces, to be dissolved in a gallon of water; *bichloride of mercury*, 1 to 500, after adding five grains of corrosive sublimate; *milk of lime*, from freshly-burned lime; and, finally, *Platt's chlorides* and *sulphur* for fumigation. Such are the leading measures he should recommend as most likely to prevent the propagation of diphtheria.

Of the disinfecting agents, all the remedies have chlorine, others lime, and one mercury, with chlorine.

In my work on diphtheria, published some twenty-seven years ago, I mentioned having successfully treated a great number of cases, principally by the chloride of lime.

Although no extensive provings have been made of the chloride of lime, the proving of chlorine by Dr. Hering gives us very suggestive hints, *e.g.*: "He could not swallow; fetid ulcers in the throat; malignant inflammation of the throat; the mucous membrane of the mouth and nose severely affected; immediately after taking *chlorine water* it penetrates the bronchia, causing a feeling of suffocation, with violent cough; the attack ceases with an increased secretion of mucus."*

Dr. Elby, Dresden, says: "That chlorine produces attacks of suffocation, is a well-known fact, and by acidulated inhalation of *oxygenated muriatic acid* attacks of suffocation would take place, in consequence of which membranous concretions would be ejected very similar to those produced by croup."

Regarding my own experience with the chloride of lime in diphtheria, I have made almost exclusive use of it in at least three hundred cases during five years or more. In many cases I have employed

* *Homœopathische Viertel Jahrschrift*, vol. ii., p. 582.

it in the form of liquor calcis chlorinatae, from five to fifteen drops in half a tumblerful of water, of which a teaspoonful was taken, according to the urgency of the symptoms, at intervals of one-quarter of an hour to six hours. For other slighter cases a trituration of the remedy was prepared, from which I have seen also good effects. In the majority of these cases it was prescribed alone; in others it was alternated with different remedies, according to the constitutional idiosyncrasies.

During those five years I lost only two cases by death from this disease, although many of these cases appeared to me equally severe as those previously treated by other remedies, when I was not so successful.

The action of the chloride of lime in diphtheria is not like that of a caustic or acid, which removes the membrane at once as by a charm. As long as the blood is infected by the diphtheritic miasma, this external manifestation of the disease will return immediately or develop itself lower down into the œsophagus, stomach, or bronchia, and thus prove fatal.

Very different is the action of the *chloride of lime*. By examining the membrane in the throat of the patient under the effect of this agent, we perceive that the progress of the disease has been impeded from within. The patches of the membrane have ceased to spread; they look shrivelled and dead; the inflammation around their edges diminishes gradually, and the healthy mucous membrane reappears.

Many cases of this kind, of greater or less severity, have occurred in my practice, in all of which the chloride of lime was the principal remedy. My main object always was to save life. I have given the remedy alone when this was possible, but when the disease was complicated with chronic diseases I have given other remedies if necessary.

In very severe and dangerous cases the chloride of lime ought to be repeated every half-hour or even oftener. This constant application of the remedy undoubtedly also acts locally.

Innumerable cases of the slighter forms of diphtheria were prescribed at the office. Patches of the false membrane were visible on the tonsils, pharynx, or a veil-like cuticle was developed on the whole fauces. The symptoms of a sensation of dryness, swelling, and choking in the throat were invariably present.

PERMANGANATE OF POTASH IN OPIUM POISONING.

BY R. H. EDMONDSON, M.D., GALLUP, NEW MEXICO.

MRS. M., age 34. Three months pregnant, has had fermentive dyspepsia for ten years which at times caused her great depression of spirits. On May 12th she was so melancholy she concluded life was not worth living, so she took 4 grains of morphine, four powders and 4 disks of $\frac{1}{2}$ grain each. I was called within one hour and found patient in a prostrated condition; pulse was slow and hard to find. Pupils contracted and would not react to light; having read of the new antidote to opium poisoning, permanganate of potassium, I immediately made a $\frac{1}{50}$ solution and endeavored to administer by the mouth, but patient refused to swallow, so I doubt if more than a drachm was taken. I immediately gave her a hypodermic syringe full of the agent in the arm, and soon followed it by an injection of $\frac{1}{50}$ of a grain of atropine, and followed this by $\frac{1}{10}$ grain of apomorphine in the arm. Within five minutes she vomited, and continued doing so after each draught of black coffee given at intervals of ten minutes.

Reaction set in within an hour, the pupils dilated, the numbness, by degrees passed away, and she only complained of being "so tired." Before leaving I washed out the stomach with a mild warm solution of permanganate of potash and left the patient in the "hands of her friends."

Calling the following day found the patient was comfortable save a sore arm, which was inflamed and swollen; cold cloths were applied and no abscess followed. I leave it to others to judge which medicament was most conducive to saving her life.

PUERPERAL CONVULSIONS.

BY W. HOYT, M.D., HILLSBORO, OHIO.

(Read before the Homœopathic Medical Society of Ohio.)

OF the many diseases which a physician is called upon to treat probably puerperal convulsions is one of the most appalling.

I will not attempt to give a learned scientific description of this dreaded disease, for that can be found in any of our text-books, but will endeavor to give some points worthy of consideration.

Women of all classes and conditions may be attacked but it is undoubtedly most common with plethoric, short-necked, hearty young women, and more frequently occurs during first labors, although no age or temperament can be said to be entirely exempt. The suddenness and violence of its coming is like a thunderbolt from a clear sky, and is likely to dismay the friends, and spread consternation among the attendants unfitting all for rendering the much needed assistance, and in some cases even the physician may be so unnerved that he is at a loss to know just what to do.

Any one who has witnessed the violent convulsions and contortions of the body, the firm set jaws, the distorted features, the wild glaring eyes, and the frothing mouth cannot wonder that the stoutest heart fails when called upon to face such a scene.

Lucky for the patient and fortunate for the physician if he, by a life of patience and discipline, is able to hide his feelings and fears and inspire all around with the fullest confidence that he is master of the situation, and able to do the best for the poor unfortunate sufferer.

A clear head and a brave heart under such difficulties and dangers are of inestimable value.

The causes that lead to this distressing malady are often obscure, but I believe in a large per cent. of the cases the kidneys are at fault and fail to perform their function in a proper manner.

In many cases the urine will be found heavily loaded with albumen and that symptom should receive due consideration.

It may be an open question whether, as some believe, the convulsions are produced by retention of the urea in the blood or, as others believe, the discharge of so much albumin from the blood changes the component parts of the blood so that, in their disproportion, they give rise to these peculiar morbid effects, or whether, as Frerichs believed, the toxæmia was caused by carbonate of ammonia the result of the decomposition of the urea. In either case the kidneys may be, and very likely are at fault and should receive our early attention.

The kidneys may secrete a sufficient quantity of urine but not the necessary amount of urea and other ingredients necessary for health. Or the urine may contain albumin at one time and in a few days it may disappear; therefore one examination of the urine is not sufficient. And it seems to me an occasional examination of the urine during the latter months of pregnancy advisable if not absolutely necessary, particularly in primiparæ cases.

If every pregnant woman would place herself under her physician's care during the later months of that interesting period much suffering would be avoided and valuable lives saved thereby. Whenever we find albumin in large quantities in the urine, a scanty secretion of urine or the urine lacking in urea we should if possible correct the trouble.

The diet in such cases should be confined to beef-steak (without fat), lamb or the lean of mutton, broiled oysters, quail, woodcock, snipe, codfish, or the white of eggs raw or soft boiled. May season with salt, pepper or mustard (prepared with hot water).

For drinks one may take hot water, weak tea, crust coffee or beef tea free from fat.

Avoid fats of every description as far as possible, also pies, cakes, pickles, sauce, soups, vinegar, cheese, cream, milk, yolk of eggs, sugar, crackers, bread, biscuits, beans, peas, nuts, etc.

This rigid diet should be kept up for two or three weeks after all traces of albumin and casts have disappeared, then a more liberal diet may be taken gradually, as can be tolerated without causing a return of the kidney trouble.

A daily bath will be beneficial as will also daily exercise in the open air and good ventilation of sleeping rooms.

In some cases of convulsions there may be premonitory symptoms such as sensation of weight in the limbs, strange feelings of apprehension, headache, sparks before the eyes, loss of memory, hallucinations of the senses, tinitis aurum and even attacks of blindness. Locomotion may also become difficult or the speech slow, the face wild in appearance and the eyes unusually bright, the pupils contracted and do not respond readily to light. Whenever many of these symptoms appear and either of the above-mentioned urinary troubles, conjoined with swelling of the face and eyelids, convulsions may be predicted with reasonable certainty and well may the physician say "from such cases good Lord deliver us."

But there is another class of cases which are pretty numerous, and which we frequently meet, and that class are those where we are not called until after the convulsions have commenced and then the question arises what must we do. Evidently something must be done and be done quickly. We cannot go home and read up our case, and perhaps may not be in a position to call counsel, therefore we must act promptly and energetically.

It will be well to immediately prepare something to put between the teeth when the next convulsion comes. A spoon handle or any

hard substance wrapped with a napkin and introduced between the teeth may save the tongue of the poor sufferer from severe injury.

Many kinds of treatment have been recommended and tried with varied success.

The period of gestation or labor may determine our line of action. If labor has actually begun and the os is dilated or dilatable, one of the first things to be done is to empty the uterus. If the head is presenting low down, the forceps can usually be applied immediately after a convulsion without causing suffering to the unconscious patient.

If labor has not commenced, then we must depend upon medication. If that fails we have but one thing to do, and that is to bring on labor by artificial means. Such an expedient is likely to cause the death of the child, and is not without danger to the mother, therefore it should only be adopted as a last resort. As to medication, with the old school nearly every remedy has had its advocates, from the heroic blood-letting and chloroform on the one hand to the maximum dose of *veratrum viride* on the other. The latter treatment has many advocates, particularly in doses of thirty to ninety drops of Norwood's tincture, the former dose to be repeated every thirty minutes until emesis is produced, or until convulsions cease. They claim that the large doses are devoid of danger so long as convulsions continue. Active cathartics are also recommended where convulsions are caused by uræmia, hoping thereby to eliminate the poison from the system.

As to the homœopathic remedy, a repetition of the characteristic indications is unnecessary, for they are given in all of our text-books. The selection of the proper remedy for early uræmic, or the premonitory symptoms, is comparatively easy, and the effect satisfactory in most cases, but after convulsions have set in, the selection becomes a very difficult matter on account of the mental and physical condition of our patient.

Of course, we cannot get any expression from her, but must depend entirely upon observation and the statements of the friends or nurse, and under such conditions their information may or may not lead us in the right direction.

By careful observation we may learn much and do the best that is possible for our patient. But if we hope to select the indicated remedy, we must have a knowledge of the peculiar characteristics well stored in our mind before we go to the bedside of the sufferer, for then we have neither the time nor opportunity to obtain the necessary information.

ANOMALOUS LOCATION OF THE INTERMITTENT PAIN ACCOMPANYING
THE UTERINE CONTRACTIONS IN LABOR.

BY WILLIAM A. HAMAN, M.D., READING, PA.

"THE painful sensations which are the accompaniment of the uterine contractions begin in the lower uterine segment. They are at first especially felt over the sacrum, whence they radiate to the rectum and the bladder, across the abdomen and down the thighs."* The pains vary greatly in intensity—a very few claiming to have no sensation of pain with the uterine contractions; this is very rare. In the beginning of labor the pain is principally due to the compression or squeezing of the uterine nerves by the contractions of the muscular fibres of the uterus. Later, to the compressive pains are added the pains caused by the mechanical dilatation of the os, vagina, perinæum and vulva and the pain caused by the pressure of the foetal head on the anus and on the sacral nerves.

That pain accompanying the uterine contractions at the *onset* and throughout the course of labor may appear elsewhere than in the abdomen or back is illustrated by the case I describe. In conversation with obstetricians of large experience I learn that none of them had a similar case, and it is this rarity that prompts me to put it on record.

Mrs. Isaac W. is 33 years old, is of powerful build and is of nervous, excitable temperament. She is the mother of eight children, and the anomaly referred to was present in each labor. I superintended the birth of four children, and can vouch for the truth of her assertions so far as is possible for another to testify. To enable the reader to form a better opinion of the case, I give a synopsis of these labors.

In May, '84, I delivered her of her third child, after having been with her six hours; the presentation was normal, but dilatation was somewhat slow.

In June, '88, when eight months gone with her sixth child, she fell down a flight of stairs. The following midnight the membranes broke, and at 8 A.M. the cord prolapsed. I was not called until 12 M., and found a shoulder presentation, with a hand at the vulva. I

* Lusk.

performed version, and delivered a dead child without any difficulty, although the membranes had ruptured thirteen hours before.

In January, '92, the child and placenta were delivered before I arrived.

On March 22, '94, I was summoned at 8 A.M., and found the membranes ruptured, the os dilated, the vertex presenting, with the occiput to the rear. I expected a tedious time of it or the forceps. The occiput slipped into the hollow of the sacrum, but the case progressed as readily as though the occiput had been under the arch, and in less than an hour the case terminated in the birth of a living child. On the second day she got out of bed, and no argument of mine induced her to return to it.

The anomalous location of the pain referred to is the right hip-joint and thigh as low as the base. During these four labors, with each uterine contraction her mother was obliged to rub her thigh, and all distress was referred to the right hip and thigh, even before any descent of the head occurred, meanwhile denying the existence of any pain in the abdomen, back or pelvis. This was invariable. I naturally was skeptical as to the absence of pain from the abdomen or back during the contractions, and subjected her to a rigid cross-examination, and by wily questions tried to get her to admit that she had pain in the usual location in addition to that in the hip-joint and thigh; but I never succeeded. I give her description of the onset and course of the last labor.

"I did active work during the day preceding the birth of my last child, and slept well during the night until 5 A.M. I was then awakened by short, sharp pains in my right hip-joint and thigh. I knew, from past experience, what this meant, and made preparations for labor. They came closer and became more painful, my limb feeling as though the flesh were being torn from the bone. I did not feel the least twinge of pain in my abdomen or back. These pains in the hip-joint and thigh were the only pains experienced until shortly before the birth of the head of the child, when I had severe pain in my lower bowel, due to pressure on 'piles,' with which I suffer at these times. The hip-joint, thigh and 'piles' are the only places in which I suffer any distress. My abdomen and back are as free from pain during labor as the other portions of my body. This history of the pains applies to the birth of all of my eight children."

Pains in the limbs and hips when the head is in the pelvis and exerts a direct pressure on the sacral nerves is very common, and

every obstetrician of experience has repeatedly met with it; but in the case of my patient these pains in the right hip and thigh mark the *onset* of labor before any dilatation or descent has occurred, and therefore pressure on the sacral nerves can not be made to explain this phenomenon.

The path through which the pain is reflected from the compressed uterine nerves to the right hip-joint and muscles on the posterior surface of the thigh (the posterior aspect of the thigh is always the one involved) must be a nerve-trunk supplying both joint and muscles. The sacral plexus sends a twig to the joint, and, through the sciatic, energizes the muscles on the posterior surface of the thigh; this must be the path taken by the reflected pain. The left limb and hip are never involved, and, singular to relate, although the mother of eight children, she never has "after-pains."

THE AMERICAN INSTITUTE OF HOMŒOPATHY—JUBILEE MEETING.

THE jubilee meeting of the American Institute of Homœopathy began Thursday, June 14th, in the First Baptist Church, Denver, Col. At the afternoon session the annual address of President James H. McClelland was delivered, and the routine business necessary to get the convention under way was dispatched. In the evening the members were welcomed by Governor Waite and Mayor Van Horn, and several interesting addresses were made.

Before opening the session, President McClelland announced that seats had been provided for the ex-presidents of the association, and invited them to occupy the places of honor. Among those who responded were Drs. A. C. Cowperthwaite, W. Tod Helmuth, I. T. Talbot, O. S. Runnels, T. P. Wilson, J. C. Sanders, and T. F. Allen.

After an invocation by Rev. Kerr B. Tupper, D.D., and music, the regular exercises were opened by Dr. Storke, who introduced Governor Waite, who said:

"*Mr. President, Ladies and Gentlemen of the American Institute of Homœopathy:* It is my pleasant duty, as Governor of the State, to welcome you to Colorado. There is a peculiar propriety that the Governor of such a State as this should extend to you cordial greetings, because Colorado is one grand sanitarium and offers life to invalids, to whom health is restored by nature. The bulk of our

people are free from inherited prejudices against the different medical schools. But we can well appreciate the system of medicine which does not make the human system a storehouse for bad-smelling drugs and takes the least of its own medicine. We can also appreciate the medical association which was the first to accord to women all the advantages of men in giving diplomas. You give to woman her rights as to education and the practice of medicine. We give her the rights of citizenship, and have no taxation without representation. Go thou, learned doctors, to your homes and do likewise. Colorado offers pure air and magnificent scenery. We have rock-walled, dark cañons and lofty, snow-capped mountains. Our springs offer medicine for many complaints, and are as varied as the odors from ambrosial nectar to all the combined smells of famous Cologne. Our railroads will carry you from the deepest cañons to the top of Pike's Peak—nearer heaven, perhaps, than some of you will ever reach by any other means. Colorado is all before you. You may choose your place to rest, with Providence as your guide."

Dr. Storke then introduced Mayor Van Horn, who said :

"On behalf of the city of Denver, I take great pleasure in extending a cordial welcome to the American Institute of Homœopathy, for I know so many of you rank high in science, art, and literature, and having come so far from all parts of the country to celebrate your jubilee, I trust the hospitable reception and generous entertainment provided for you will be as much enjoyed as I am sure will be our scenery, invigorating air and climate, schools, beautiful homes, churches, and hotels. I learned something of homœopathy at an early day. It was in an Ohio town, some forty years ago. I took care of a thrifty doctor's office. He had previously learned two trades, one for winter and the other for summer, to help him through college, so he practiced both schools in medicine. I noticed, however, when ailing, this doctor never took some of his medicine, and I asked him the reason for it. His answer was : 'Van, these sugar pills, if they don't cure you, won't kill.'

"Another proof that I know something of the efficiency of homœopathy is that in 1864 my better-half visited me in camp at Chattanooga, and was sick near unto death with pneumonia. The surgeon of the regiment had given her up, but assisted in palming off another regimental surgeon, a homœopathist. The result was, my wife is alive and well to-day. The doctor prescribed antimony.

"When in the swamps of Alabama and Tennessee, I often wished

that the government had adopted homœopathic treatment instead of compelling the boys in blue to swallow such quantities of quinine, gentian, aloes and blue mass.

"But, Mr. President, ladies and gentlemen, I hope that while you remain guests within our gates you will all cheerfully submit to the allopathic doses of entertainment prepared for you, so when you depart from us you will feel that the 'Queen City of the Plains' which we all love so well, deserves her reputation for royal hospitality."

President McClelland was the next speaker introduced to the audience. His remarks were as follows:

"*Your Excellency, Governor Waite, and Your Honor, Mayor Von Horn*: The cordial word of welcome with which you have addressed us, and the warm greetings of the brethren in Colorado, have already served to make us feel at home in your beautiful and hospitable city. I very much fear that you will make it so agreeable for us that we shall be in the position of Ulysses and his band journeying in the land of the lotus, who were induced to partake of that delicious fruit so generously forced upon them by the inhabitants. The effect upon them was marvelous, for they soon forgot their homes and kindred, and were much disposed to tarry always.

"I beg that you will think twice before making this addition to your population, as I am not sure that it would be safe for you to add so many doctors to this generous and confiding people. We of the far East have already been amazed by the glimpses we have caught of your great city, and this great Middle West valley, around which, in everlasting watch and ward, rise in matchless majesty these hoary-headed sentinels, 'rock-ribbed and ancient as the sun.' How many of us, particularly of the East, have journeyed into far distant lands to see the wonders of mountains and valleys, yet here in our own country nature has even been more lavish in her creations of majestic mountains, beautiful valleys and wide-spread prairies, and this all our own. We have crossed inland seas and mighty rivers, and great prairies, and range upon range of mountains, and yet we have but half encompassed our great and glorious country. We already feel repaid for our long journey, and trust our coming among you will be as harbingers of good. We bring the representatives of a new era in the science of medicine and introduce to you a national organization which lays claim to seniority in this country. In the name of this great organization, the American Institute of Homœopathy, whose jubilee we are about to celebrate, I thank most heartily

the representatives of this great State and this beautiful city for the warm welcome you have given us."

After a selection by the orchestra, President McClelland stated that Dr. J. P. Dake, of Nashville, was unable to be present, and his paper on "The Early History of the Institute—Its First Twenty-five Years," would be read by Prof. T. F. Allen, of New York. The paper gave a general idea of the formation of the body fifty years ago. Among the early members was William Cullen Bryant. The causes for the establishment of the American Institute of Homœopathy was for the perfection of the materia medica and protection against ignorant and unqualified persons practicing under the new school. Money matters at the first two sessions were of little consideration, no treasurer being elected until the third convention. The paper gave a synopsis of the work accomplished at each successive session of the association, and showed a marked increase in members and influence.

"The Recent History of the Institute—Its Last Twenty-five Years," was next covered in a paper by Professor I. T. Talbot, of Boston. This paper began where the previous one left off and covered the period embraced in the experience of many of the delegates present. The Institute shortly after its founding represented scarcely 100 persons practicing the new school. At the end of twenty-five years 700 were on the rolls and at the close of last year there were over 1500 physicians in active membership in the Institute. This was the first medical society to create a place of honor for those who for twenty-five years were identified with the work. There are now 152 seniors. Four of the original founders of the association are still alive. Dr. James Kitchen, of Philadelphia, was visited by the speaker and president a few weeks ago. Too feeble to write, he dictated a letter to his niece who transmitted it to the Institute. Dr. Charles Neidhard, of Philadelphia, also sent his greetings. Dr. Boardman, of Trenton, N. J., wrote that reading the reports of the Institute were among the most delightful occasions of his life. Dr. Isaac M. Ward, of Newark, N. J., also sent his regards to the members of the Institute. The income of the association at present exceeds \$5000 annually and they were fortunate in having for twenty-four years a treasurer whose honesty and integrity were beyond question, Dr. Kellogg, of New York. Then taking up the subject of surgery, the speaker paid a high tribute to Dr. W. Tod Hel-muth.

Professor Ludlam, President of the Homœopathic Medical Insti-

tute, of Chicago, next read a paper on "The Future of the Institute."

Dr. Amelia Burroughs, of Omaha, read a paper on "Women in the Institute and Medical Profession." The women in the association now number nearly 200.

Dr. H. M. Smith presented the report of the necrologist. The names and Institute record of the twenty-nine members who died during the previous year were given.

Dr. McClelland formally opened the first regular session of the convention. He called attention to the fact that this was the semi-centennial convention, and stated that the proceedings would be unusually important in the history of the association. Several suggestions as to the business to be brought before the body were offered. Among the recommendations were the restoration of the recording secretary and the creation of the office of registrar.

Drs. I. T. Talbot, W. Tod Helmuth and L. H. Willard were appointed a committee on President's Address and the document was referred to them.

The report of the Committee on Publication was read by Dr. Strong, Dr. Dudley, the Chairman of the committee being unable to read on account of a severe cold. The report of the Treasurer was read by Dr. E. M. Kellogg, who has held the office for twenty-four years. The report showed a gratifying condition of the treasury and was referred to the auditing committee, consisting of Drs. J. C. Nottingham, A. P. Hanchett and J. B. Kinley.

Dr. T. Franklin Smith presented the report of the Committee on Organization, Registration and Statistics. The report outlined the history of similar committees and fully covered the work of the past year. A very satisfactory showing was made in the hospital statistics. At the ninety-eight homœopathic hospitals from which reports had been received, with a total capacity of 7921 beds, 47,334 patients had been treated, 35,981 cured, 4807 relieved, 1419 not relieved and 1752 died, the death-rate being 3.71 per cent.

The total number of homœopathic hospitals in the United States was given as 106, eight of which failed to report. The new homœopathic hospital for inebriates in Southern California reported excellent progress in its work. The report stated that there were five national homœopathic societies in the United States. The report included hospitals in which the practitioners are of both schools, but only covered the results of the homœopathic department.

The second day of the convention of the American Institute of

Homœopathy opened with the report of the Board of Censors. Fifty-five applicants were admitted to membership in the association and fourteen new applications were read, which were acted on later.

The report of the Committee on Medical Literature was presented and accepted. Dr. T. C. Duncan read the report of the Committee on Foreign Correspondence. The paper stated that the foreign country in which homœopathy is making the most progress is in Belgium.

Under the head of new business a resolution was offered making a change in the constitution so as to require applicants to be members of local or state associations. After some discussion the matter was referred to a committee to report at 9.30 Monday morning.

The committee having in charge the president's business address reported favorably on all recommendations made in the address. One of the recommendations covered the election of registrar, a new office. The report was adopted as a whole.

Dr. Frank Kraft, Chairman of the Section of Materia Medica opened the proceedings by stating that a new departure had been inaugurated in its work. Instead of reading the full papers it was necessary to condense each on account of the great number received. Every professor of materia medica in the United States was represented with one exception.

Dr. Timothy Field Allen of New York was the first speaker. He read a paper on the potash salts.

The Chairman of the Bureau in Clinical Medicine and Pathology, Dr. J. Montfort Schley, was unavoidably absent and, on motion, Dr. A. K. Crawford was chosen chairman. The first paper presented to the bureau was by Dr. H. W. Westover of St. Joseph, Mo., on "Parasitic Fungi of Skin Diseases."

The second paper was on "Scarlet Fever" and was read by Dr. W. H. Hanchett of Omaha. The speaker said that this disease was not as contagious as many others peculiar to children, but the peculiar germ belonging to this disease was peculiarly tenacious. It could be claimed that the disease had a specific principle or germ that could be transmitted in many ways, but fortunately many who are exposed are not susceptible to its ravages. A statement of the general symptoms showed it to be closely allied to diphtheria and it was probable the two acute diseases could run their course together. The homœopathic school had achieved bright laurels in the treatment of this disease. It has shown its great superiority over the allopathic treatment, the percentage of deaths being far less and the dangerous and disagreeable sequels which so often follow this disease less frequent.

The speaker said he very much preferred the hot pack, believing that there was less danger in its use. It had been his custom for years to use fresh lard freely and frequently over the entire body, applying it as often as every hour during the intense fever. This allays the itching, irritation and fever, often reducing temperature a degree by a single application and holding it down by its repeated application. Sponging is admissible if intelligently done. The diet should be light during the fever; nothing is better than good fresh milk, the patient being allowed water whenever desired in reasonable quantities. Many other forms of food are admissible, such as beef tea, arrow root and various forms of gruel. Little solid food should be given a child during the first week of the fever. During the disease thorough disinfection should be employed. During the disease a carbolyzed spray should be frequently used in the sick room. After the patient has recovered thorough fumigation should be practiced, nothing being better than the common sulphur candle. "As homœopathic physicians we may well feel proud of the results obtained from our treatment of this disease. If it can be shown, as I believe it can, that the asylums of our country are filled with the deaf, dumb and blind from lack of skillful treatment and that there is a better way known to the followers of Hahnemann, may we not hope that in the future our efforts and success will be appreciated by a grateful public?"

An animated discussion followed participated in by Drs. Comstock, Wiley, T. F. Allen and Gordon.

The evening session was devoted entirely to the reading of President McClelland's jubilee address. It is just fifty years since the formation of the American Institute of Homœopathy, and the President felt it incumbent upon him to devote considerable time to a review of the things accomplished in this half century. His speech occupied two hours; it was able and brilliant and interspersed with humor.

The Bureau in Ophthalmology, Otology and Laryngology met in parlor C in the afternoon. In the absence of the chairman, Dr. Wesley A. Dunn, of Chicago, was elected chairman *pro tem*, with Dr. David A. Strickler, of St. Paul, as secretary.

Dr. Strickler then read his paper "When Are Glasses Necessary in Low Degrees of Refractive Errors?" and it was discussed by Drs. Spahr, Norton, Simpson, Wilson and Fellows.

Dr. A. B. Norton, of New York, presented a valuable paper entitled "Graded Tenotomies: Use and Abuse."

A number of papers were read only by title, owing to the absence of the writers, under a rule of the Institute.

The third day's session opened with the report of the Board of Censors, nominating forty-three new members of the Institute. A supplemental report later proposed seven additional names.

The report on medical legislation covered the work done in various states and outlined some new methods thought desirable in the practice of the examining boards, and also in the schools and colleges.

At noon the annual election of officers took place and resulted as follows: President, C. E. Fisher, M.D.; First Vice-President, J. B. G. Custis, M.D.; Second Vice-President, E. F. Storke, M.D.; Treasurer, E. M. Kellogg, M.D.; Assistant Treasurer, T. F. Smith, M.D.; Secretary, E. H. Porter, M.D.; Provisional Secretary, Frank Kraft, M.D. Censors: To serve five years, R. B. Rush, M.D.; four years, T. C. Duncan, M.D.; three years, Julia H. Smith, M.D.; two years, A. C. Cowperthwaite, M.D.; one year, C. B. Kinyon, M.D.

The Section in Pædology met in parlor B of the church during the afternoon. In this section the women seemed to predominate, the papers being of special interest to them. Dr. Millie J. Chapman's paper on "Prevention of Deformities" was especially valuable. It treated not only of malformations and montrosities as found, but their cause and prevention.

Dr. Charles A. Gale's paper on "Tubercular Meningitis" showed that this disease must be recognized early for the physician to do anything to stay its progress. He claimed that under homœopathic treatment the disease could be cured and many children who would otherwise die early with tubercular meningitis were cured and grow to powerful health. This view was taken by several others who cited cases and results in their own practice.

Dr. William W. Van Baun, of Philadelphia, read a paper on "Scurvy in Infancy and Childhood."

"Cholera Infantum," by Dr. C. H. Thomas, of Cambridge, Mass., was the title of a paper of particular interest to the general public as well as the physicians.

Other interesting papers read during the session of the Bureau were: "Hahnemann's Doctrine of Psora in the Treatment of Disease in Children," by Dr. W. Boericke; "Barlow's Disease," by Dr. Martin Deschere; "The Paralyzes of Diphtheria," by Dr. O. E. Janney, and "The Sexual System and Procreation," by Dr. J. C. Nottingham.

The Section in Surgery was opened by the reading of the annual

address by the chairman, Dr. John E. James. The paper covered the improvements and special cases of the year brought to the notice of the writer. The period has not been marked by any number of new and brilliant operations, he said, but rather by the confirmation of certain hitherto well known modes and large records of cases operated, thus enhancing the value of the statistics. Of bacteriological studies much the same was reported. For tumors an increasing number of operations had been recorded, and with more favorable results. The treatment of microcephalus seemed to have undergone a revision. Abscesses of the brain had received a good share of attention and the localization symptoms were more accurate and positive. Operations for epilepsy are generally recognized as unfavorable, except for those cases dependent upon traumatism. Incision of scalps and trephining without opening the dura, if done under aseptic methods and conditions, are without danger. Incision of the dura and perforation of the brain were not to be included among exploratory means, but should be done only when directly indicated. Appendicitis has received a great deal of attention during the year. All cases of progressive appendicitis after twenty-four or forty-eight hours should be operated and the appendix removed. A decided move in favor of dry dressing to accomplish the drainage of wounds was noted. The paper was discussed at some length and several new operations were explained by various members.

The second paper was by Dr. L. H. Willard, on "The Technique of Wound Dressings in Modern Surgery."

"The Repair of Large Denuded Surfaces by Skin Grafting," a paper by Dr. Horace Packard, was read by Dr. L. H. Willard.

A paper by P. C. Majumdar, of Calcutta, India, was read. It was very interesting as giving the course of procedure followed in surgical cases in his country. The writer expressed his kindest regards for the welfare and results of the sessions of the Institute. The bureau adjourned until Monday, when the unread papers on the programme were heard.

The social event of the convention occurred in the evening, when the members of the Homœopathic Medical Society of Colorado and the Denver Homœopathic Club, assisted by their wives and daughters, gave a reception to the members of the Institute and visiting ladies at the Brown Palace. Many invitations were issued outside of medical circles, and over 2000 guests were present. Memorial services were held in honor of the deceased members, Sunday evening, at the Central Presbyterian Church. Invitation was extended

to any one who desired to pay tribute to the memory of any deceased member to take part.

Dr. Freeman, pastor of the church, assisted in the conduct of the services. Dr. Henry M. Smith, necrologist to the Institute, read a lengthy report, in the course of which he paid a glowing tribute to Dr. Henry D. Paine, one of the original members of the Institute. The careers of Dr. Thayer, of Boston; W. H. Holcombe, New Orleans; Alonzo S. Ball, New York, and David Springsteed, South Woodstock, Conn., were briefly commented on by members of the Institute, and their acknowledged medical attainments eulogized in eloquent phrases. Drs. Houghton, Shephard, Wolfe and Jacobs were the speakers in this connection.

Dr. J. H. McClelland, Pittsburgh, Pa., retiring President of the Institute, made the closing remarks.

There was a light attendance Monday morning when the Institute was called to order by President McClelland, but the members kept dropping in during the hour devoted to business, and by 10 o'clock there was the usual crowd present.

After the transaction of some routine business, the Section in Surgery immediately convened in the lecture room. Dr. J. E. James was chosen Chairman and Dr. Willard, Secretary.

"Operations for Vesical Calculi" was the subject of a paper by Dr. DeWitt G. Wilcox, which was read by Dr. Obetz, of Ann Arbor. The discussion was participated in by Drs. Obetz, Higbee and Walton.

Dr. Charles E. Walton, of Cincinnati, read, in a very serious way, an amusing paper on "The Appendix Club; or, a New Evolution." It told of the finding of the records of the club in question in the year 3000. The club was supposed to have existed in the latter part of the nineteenth century. Membership was limited to those who had their vermiform appendices removed, and could either show a cicatrix or an appendix with the proper pedigree. The paper created much amusement, and was a clever skit at the differences of opinion existing between the different schools of medicine as to the treatment of appendicitis.

Dr. T. L. McDonald presented an interesting paper upon "Prostatic Hypertrophy." It was of great interest, and was discussed at length.

"A Reply to Objections to the Oil Treatment for Appendicitis," by Dr. M. O. Terry, of Utica, N. Y., was read by Dr. Seton.

One of the most interesting papers of this section, and the last on

the programme, was "Hypnotism in Surgery," by Dr. Henry W. Roby. Dr. Roby gave an interesting history of the development of the science from the date of its discovery by Mesmer. Odyllic force, like electricity, was still a mystery, he said; but as electricity had been made to do the bidding of man, so thoughtful men saw in this new force a power for much good when it is better understood. It was a subtle force that would do all that anæsthetics would do, and in some cases even more, and cure the patient. The Oriental and tropical races were more susceptible to the force than the northern races. The paper urged the use of this force instead of chemical anæsthesia for surgical purposes.

The Section in Obstetrics met in the main audience room. Dr. Julia Holmes Smith, of Chicago, presided and read a review of the work done in this line in the past year.

The only paper of the session was by Dr. T. Griswold Comstock on "Diseases of Women the Result of Abnormal Conditions and Accidents after Parturition." The paper was full of interest, and at its conclusion the subject was discussed at length in all its phrases. Drs. Ordway, Custis, Sprague and Sanders took part. The prevalent use of ergot in cases of this kind was deprecated and other drugs suggested.

The Section in Clinical Medicine and Pathology met at 3 P.M., Dr. Crawford presiding. The first paper, on "Pseudo-Membranous Laryngitis: Its Mechanical and Medicinal Treatment," was read by Dr. J. W. Means. He discussed croup and the remedies to be used and advised intubation as extremely efficacious. Dr. Hanchett led the discussion.

Dr. T. P. Wilson's paper on "What I Know About Hahnemann's Organon" was a treat. He called it the most wonderful medical work in literature, but criticized homœopaths as largely forgetting its teachings.

Dr. Conrad Wesselhoeft's paper on "The Treatment of Pneumonia" aroused a discussion over methods of treatment, especially the use of local applications.

The section in gynæcology was conducted by Dr. W. E. Green. His paper on "Pelvic Surgery" was full of interest.

"The Surgical Treatment of Tubercular Peritonitis" was discussed by Dr. O. A. Runnels, who urged treatment before the microscope revealed the presence of bacilli and before the softening of the tissues.

Dr. J. C. Daily read a paper on "Electricity: Its Place in Gynæcology."

The section closed its session with an interesting paper by Dr. C. E. Walton on "Cysto-Spasm," a functional disorder incorrectly called "irritable bladder," and due to an affection of the pelvic nerve centres.

In the evening all special meetings of sections and other business and social features were put aside, and the delegates and their friends gathered in the auditorium to listen to the report of the Hahnemann Statue Committee and to witness the incidental exercises.

At the meeting of the Institute in Washington, D. C., a movement was begun to secure the erection of a monument in honor of Samuel Hahnemann as the founder of a great medical reform. A committee was appointed to put forward the project and raise funds for the purpose. The committee comprised J. H. McClelland, M.D., chairman, Pittsburgh; I. T. Talbot, M.D., Boston; J. P. Dake, M.D., Nashville; J. S. Mitchell, M.D., Chicago; Tullio S. Verdi, M.D., J. B. G. Custis, M.D., Washington, D. C.; and Henry M. Smith, M.D., New York City.

Over \$4000 was subscribed at this meeting. The sum of \$7000 has already been raised, and the work will soon begin on the monument, which is to cost \$50,000.

A number of physicians representing medical journals met at the Brown Hotel in the evening and organized the "Association of Medical Journalists." After a brief discussion of the objects of the proposed association, a temporary organization was effected by electing Dr. Van Baun, chairman and Dr. Roberts, of New York, secretary. An Executive Committee was named consisting of Dr. Storke, of Denver, Dr. Aldrich, of Minneapolis, and Dr. Porter, of New York. The committee was instructed to prepare a plan of permanent organization and report to the association next year.

President McClelland called the Institute to order on Tuesday morning.

Dr. A. R. Wright, chairman of the Committee on Place of Meeting, reported that it was the opinion of a majority of members that the Institute should hold its next convention at some place east of the Allegheny mountains. Accordingly, Newport, R. I., had been selected as the city for the pilgrimage next year. The report of the committee was unanimously adopted.

The motion to amend the by-laws to read "Applicants for membership must be members of local societies" was discussed at length. It was the opinion of many that each candidate for membership in the Institute should be indorsed by one society, local or State. Dr.

T. Franklin Smith moved that a motion to this effect be laid on the table and considered at the next meeting. This was lost by a vote of 78 to 40. A motion that the Board of Censors pass on applications for membership in the Institute was lost.

In the morning a large crowd visited the mint and were shown how the gold product of the State is collected and prepared for shipment in the coinage mints.

About one hundred of the visitors made a trip to the Omaha and Grant smelters in the afternoon.

During the morning \$9540 were subscribed for the Hahnemann Monument Fund, which, with the subscription of \$4200 the previous night, brings the total for this convention to \$13,740.

At the close of the meeting it was voted to have the American Institute of Homœopathy subscribe \$2500.

At 11.30, an hour and a half having been taken up by subscriptions, the Session in *Materia Medica* went into session.

The topic "How to Teach and How to Learn *Materia Medica*," was thoroughly discussed, and papers were read by Drs. Dake, Crutcher, Shannon, Duncan and Royal.

In parlor C, at the same time, the Section in Sanitary Science gave the following program:

"Import of Sanitary Science" (sectional address), by T. S. Verdi, M.D.

"Legal Status of Sanitary Practice in California," by John N. Eckel, M.D.

"Ætiology and Prevention of Infectious Disease," by John N. Eckel, M.D.

"Cholera and Sanitary Practice in Chili, South America," by Willis C. Hoover, M.D.

"To What Extent Physicians Convey Infection," by F. H. Orme, M.D.

"Cobra Venom in the Treatment of Cholera," by Leopold Salzer, M.D.

"Prevention and Treatment of Cholera," by Edward Blake, M.D.

The Section of Gynæcology met in the afternoon from 3 to 6. This was the only section in session during the afternoon, the remaining members of the Institute being dispersed in various pleasure trips about the city.

The first paper of the afternoon was "Notes and Queries in Gynæcological Therapeutics," by Chester G. Higbee, of St. Paul, Minn.

"Hysterectomy: Is it Ever Advisable? If so, In What Cases,

and by What Methods is it Best Accomplished?" was the subject of a paper by Dr. E. H. Pratt, of Chicago.

The three papers following his were: "Some Remarks on Hysterectomy," by Dr. Alonzo Boothby, of Boston; "The Surgical Treatment of Retro-Displacement of the Uterus," by Dr. J. M. Lee, of Rochester; and "Excision of the Uterus for Suspected Malignant Disease," by Dr. W. D. Foster, of Kansas City. These papers were all brought out by operations performed by Dr. Pratt's methods and treated of various phases of it. The four papers were freely discussed. Dr. James W. Ward, of San Francisco, opened the discussion, which was continued by Dr. S. B. Parsons, of St. Louis, Dr. R. Ludlam, of Chicago, Dr. O. S. Runnels, of Indianapolis, and Dr. T. L. McDonald, of Washington.

The Institute resumed its session Wednesday morning, with President McClelland in the chair and a large number of delegates in attendance.

The Intercollegiate Committee reported in favor of a four years' course instead of three years, as has been customary.

Dr. Roby, of Topeka, opposed the adoption of the report, arguing that an academic education was unnecessary for a man who had the genius to be a physician.

Dr. T. P. Wilson, Cleveland, O., moved an amendment to the report by inserting the word "recommend," so that the report would not be mandatory if put in resolution form.

Dr. James, Philadelphia, was in favor of the four years' course. Out of nineteen homœopathic colleges, eight had adopted it. If the Institute supported the colleges the four years' course could be enforced.

President-elect Dr. Fisher, of Chicago, favored slow progress in this direction. They should gradually build up a higher education. Dr. Wilson's amendment was lost, and the committee's report adopted, so that a four years' course will have to be undertaken by budding aspirants for homœopathic distinction.

In parlor C the following papers on neurology were read: "Periodicity in Mental Pathology," by Selden H. Talcott, M.D.; "Sporadic Outcroppings Among Politicians in Various States, at Irregular Intervals, of Fool Ideas on the Care of the Insane," by N. Emmons Paine, M.D.; "Ancient and Modern Treatment of the Insane," by C. Spencer Kinney, M.D.; "Trismus Neonatorum in Brain Compression," by J. Martine Kershaw, M.D.

The Section in Obstetrics met Wednesday afternoon, and the fol-

lowing interesting papers were read: "Hæmorrhage from the Breast," Dr. J. B. Gregg Custis; "Importance of More Thorough After-Care of Parturient Women," Dr. Sarah J. Millsop; "Dropsy of the Corium," Dr. L. C. Grosvenor; "Ligature of the Umbilical Cord," Dr. C. H. Cogswell; "Electricity as a Therapeutic Agent," Dr. Hannah Tyler Wilcox.

A sweeping vote of thanks was tendered to the people and institutions of Denver. The Denver newspapers were thanked for giving the best reports of the sessions of the Convention ever published. The delegates adopted this resolution by a rising vote.

Other votes of thanks were tendered Governor Waite, Mayor Van Horn, the Associated and United Press, the City Council, the ladies of the Meissen, the wives and daughters of the local physicians, the members of the Chamber of Commerce, and the officials of the Omaha and Grant Smelters, and the mint.

Upon motion of Dr. Talbot, the President's Address was ordered printed.

A number of new members were admitted.

President McClelland now announced the following appointments:

Neurologist.—H. M. Smith, M.D., New York.

Committee to Report on Centennial of Homœopathy.—Drs. Pemberton Dudley, E. H. Porter, T. L. McDonald, J. C. Guernsey, and T. M. Strong.

Resolutions and Business.—Drs. J. S. Mitchell, L. A. Phillips, Julia Holmes Smith, O. S. Runnels, Theodore Y. Kinne.

Transportation.—Drs. A. K. Crawford, J. M. Walker, J. E. James, George W. Roberts, G. B. Peck.

Life Insurance Examiners.—Drs. A. C. Cowperthwaite, E. B. Hooker, J. C. Guernsey, J. W. Anderson, T. M. Stewart.

Memorial Service.—Drs. B. W. Jones, H. M. Smith, J. C. Burgher, N. G. Burnham, A. A. Canfield.

Medical Literature.—Drs. W. W. Van Baun, Samuel F. Shannon, D. A. McLachlan, W. H. Burt, J. V. H. Baker.

Medical Legislation.—F. H. Orme, for five years.

Drug Proving.—T. F. Allen, for seven years.

The following sectional chairmen were named:

Medical Education.—Drs. W. T. Talbot, J. B. Kinley, H. E. Spaulding, Lottie A. Cort, Sheldon Leavett.

Foreign Correspondence.—Drs. A. R. Wright, C. D. Baldwin, H. F. Chase, C. G. Higbee, L. C. Grosvenor.

Organization, Registration, etc.—Drs. Thomas F. Smith, I. T. Talbot, H. C. Aldrich, D. A. Strickler, J. C. Daily, C. S. Hoag.

Materia Medica.—Dr. W. A. Dewey.

Clinical Medicine.—Dr. H. W. Westover.

C. O. and L.—Dr. H. C. Houghton.

Neurology.—Dr. N. B. Delamater.

Obstetrics.—Dr. T. G. Comstock.

Gynæcology.—Dr. Alonzo Boothby.

Pædology.—Dr. Charles A. Gale.

Surgery.—Dr. L. H. Willard.

Sanitary Science.—Dr. T. S. Verdi.

SALOL IN DIARRHŒA.—Dr. Charles G. L. Skinner directs attention to the use of salol in diarrhœa. Salol is insoluble in water; in acid media it undergoes no change, but in alkaline fluids, and also by the action of micro-organisms, it readily splits into phenol and salicylic acid. Thus, when given to a patient, it passes unchanged till it comes in contact with the pancreatic juice, which splits it up as above stated; the products of the decomposition exert their full effects on the intestinal contents and the bowel can thus be washed out, as it were, with an antiseptic solution. The micro-organisms that abound in the intestines aid us in compassing their own destruction, by splitting up any of the salol which may have escaped the action of the pancreatic juice; and thus salol, theoretically at least, is likely to give good antiseptic results. A larger dose of carbolic acid in the form of salol can be given, owing to its non-absorption in the stomach, than if the drug itself be prescribed. Dr. Skinner during an epidemic of summer diarrhœa treated twenty-three cases with salol. Only one, in a child of eight months, proved fatal. The good effects of salol are most probably due entirely to its direct antiseptic action on the bowel contents, destroying bacilli, controlling acid fermentations of food and the putrefactive processes; and the sedative action of carbolic acid will lessen the peristaltic movements and so relieve pain. It is necessary to guard against the possibility of carbolic acid poisoning by not continuing the administration of the drug over too long a period, or giving too large or too frequent doses. Ten or fifteen grains in a spoonful of gruel or barley water for an adult every four to six hours, is the usual dose.—*The Med. Chronicle.*

ERASING RUBBER AS A PLEXIMETER.—Prof. Ewald states that the best material for a pleximeter is that which emits of itself the least sound. Hence metallic pleximeters are not as suitable as those of ivory, horn, or hard rubber, though the best is the percussion of finger on finger. Yet those who percuss much are often unable to employ this method for various reasons. For years he has employed as a pleximeter a piece of ordinary rubber, such as is used in erasing. The piece is about five centimeters long, four in breadth, and five millimeters in thickness, such as is to be obtained in any stationer's store. As the percussion hammers are tipped with rubber, thus rubber strikes on rubber, and the peculiar sound of the instrument is eliminated. On account of its flexibility it is easily fitted to any irregularity of the thorax, and thus does away with the intervening layer of air, which renders it difficult for beginners to employ the ordinary hard and stiff pleximeter. It is of especial value in percussion of the supraclavicular fossæ and of the clavicle, which latter is not frequently enough practiced, as it will reveal to one finer deviations in resistance in the upper portions of the chest. Here the pleximeter is bent around the clavicle like a ring. Another advantage is, that it is easily obtained, under most circumstances, in case that one has forgotten one's own pleximeter. The only condition where it will leave one in the lurch is in determining the metallic sound of cavities in pneumothorax, etc., where percussion with the fingers also fails. Here any large-sized piece of money will be sufficient.—*Wiener Medizinische Presse*, No. 21, 1894.

EDITORIAL.

THE JUBILEE MEETING OF THE AMERICAN INSTITUTE OF
HOMŒOPATHY.

THE fiftieth anniversary of the American Institute of Homœopathy has passed into history as an epoch marking in the life of the national organization. The opening exercises were before a crowded audience composed of members and Denver visitors. Addresses were made by the Governor of Colorado, the Mayor of Denver, and others, and the past, present and future of homœopathy were presented according to the official programme. An unique and pleasing number of the entertainment was an original poem by the surgeon-poet of homœopathy, Prof. William Tod Helmuth. The features of the succeeding sessions worthy of comment were many, most of them calling for commendation, a few for adverse criticism. The Presidential address, a masterly effort reviewing critically the past fifty years and the present status of medicine and the relationship of the department of scientific therapeutics—homœopathy, was cordially received by the Institute, and the address was ordered printed in pamphlet form for distribution to the members and the profession. The meeting while not large in comparison with those recently held at Chicago, Washington and Atlantic City, lacked nothing in earnestness of purpose and enthusiasm, and when the distance from the great Eastern centres is recalled, it is astonishing that two hundred and seventy members were in attendance. The members present were representative ones, made up of the most earnest workers from all the States in the Union. The high literary and scientific standard of the sectional work was fully maintained, and in some respects excelled that of previous meetings. The two lectures by Prof. Timothy F. Allen, M.D., on the kalis and the mercuries, illustrating his method of teaching *materia medica* were particularly appreciated by the Institute and awakened great interest.

The revival in the Section of *Materia Medica* and Therapeutics was pronounced and the chairman is to be congratulated on the success of his effort; space is inadequate to recite the sectional doings, and the journals and forthcoming volume of *Transactions* will be awaited with impatience.

One hundred and thirty-four new members were elected, showing a healthy growth. The Institute now numbers eighteen hundred

members, and Dr. Dudley in resigning the arduous and responsible duties of secretary which he has borne so long and successfully, can retire with extreme gratification, knowing that over one thousand new members have been added to the Institute during his term as working officer.

The Intercollegiate Committee unanimously agreed to report to the Institute the advisability of requiring all colleges teaching homœopathy and general medicine, to establish at once an obligatory course of four years of not less than seven months' lectures during each year with a preliminary examination. On receipt of this report, a coterie of physicians tried to weaken the magnificent educational advance by tampering with the wording of the resolution. The Institute impatiently swept the obstructionists aside and unanimously adopted the report, thus sustaining the proud position and reputation of the Institute on educational matters. This action cannot be too highly commended and it will give the Denver Meeting great prominence in the history of the Institute.

The Ann Arbor amalgamation scheme forced its way once again to the front, and the Institute, by a unanimous vote, placed itself squarely on record. Dr. Obetz and his regents will certainly not misunderstand the meaning of the resolutions of the year of 1894. They call for three things: first, that the homœopathic department of the University of Michigan shall be reorganized; second, that Dr. Obetz be requested to resign, and third, if Dr. Obetz will not resign, that the Board of Regents be requested to demand Dr. Obetz's resignation. This position is the correct one, and without entering upon the merits or demerits of the case, it is plain, that when a man finds his plans and himself obnoxious to and aggressively opposed by every member of the profession in his State, and that his college classes have dwindled from eighty to nothing, he must know that his usefulness is at an end, and he should have the decency and common sense to step down and out. Dr. Obetz is an able man, and he himself stated, that in deciding the question he should not personally be considered. Well and good. He certainly knows now that his plans are not acceptable to the homœopaths of his State or of the United States, and we look for his retirement.

Turning to another and more pleasant incident of the Jubilee meeting, one could not fail to be impressed with the great interest in the Hahnemann Monument project. The enthusiasm of the Seniors aroused every one, and the call for subscriptions resulted in raising \$13,000 in three hours—making the total amount raised up

to date, \$20,000 thus assuring the success of the monument. Thirteen thousand dollars raised at a meeting where less than three hundred out of a membership of eighteen hundred were present—means that if all could have been within hearing distance the entire amount of \$60,000 would have been subscribed before sundown.

The Newport Meeting in 1895 should see that the entire amount is contributed, and that a noble monument is erected to the great medical reformer, Samuel Hahnemann, in Washington, D. C., by 1896, the centennial of the promulgation of the law of similars.

The politics connected with the presidential election were decidedly offensive, the one redeeming feature resting in the fact that they were kept out of the place of meeting. The election was unsatisfactory and the victory so strained, a half a vote majority, that we do not doubt defeat would have been welcomed by the successful one. In a scientific body an honor must voice the sentiment of the majority to be satisfactory. In the future it is to be hoped that the office will seek the man. The position of the president-elect will be peculiarly trying and difficult, yet we have confidence that he will prove equal to the occasion and that his administration will be tempered with a discretion and conservatism that will maintain the dignity of our honored Institute.

The presidential appointments for the coming year were made with great care, were widely distributed and give universal satisfaction. Just before the final adjournment of the Institute some one sprang an idiotic resolution to send greetings to the Colorado Allopathic Society, in session at Denver. This Society, only the day before, had referred abusively to the body of distinguished scientists from every State of the Union in meeting assembled in their (the allopaths) home city. A few level-headed leaders recognized the wretched taste of the proposition, and it was summarily killed.

It will be impossible to close this brief review of the jubilee meeting without dwelling upon the superb manner in which the Denver local society entertained the Institute. The hotel accommodations were good, the meeting-place excellent, and the social side more than abundant. The usefulness of the ladies' organization—the "Meissen"—was clearly apparent, although the ladies of Denver had made ample preparations to fill every spare moment of the wives and daughters of visiting Institute members. The courtesy of the State and city officials was all that could have been reasonably looked for, and the press reports excelled anything in the history of the Institute. All honor to the Local Committee and their friends.

"SUPERFLUOUS SPECTACLES."

UNDER this caption in a late western journal, reference is made to a discussion in the New York Academy of medicine, which the writer seemed to think indicated "a healthy reaction against the one-sidedness which has of late years been noticeable in the American ophthalmological literature on the subject of asthenopic complaints."

We willingly grant that in this as in all specialties zeal has frequently run away with discretion, and that much harm, or at least much discomfort has been caused by the failure to recognize the "personal equation" in each case. All oculists have, it is true, found instances where quite high degrees of ametropia are found without any accompanying distress; on the other hand, however, it is equally true that they have found very slight degrees causing many and distressing symptoms,—depending upon, but at the same time intensifying abnormal conditions of the general—or more particularly the nervous system. To attempt to establish a fixed rule as to the degree of ametropia, whether hyperopia or astigmatism, which shall require correction by glasses, shows a neglect of the personal factor, the recognition of which is always necessary to success as an oculist.

The remark that the fact "that an hypermetropic eye can appreciate a correction of half a dioptre or less, will not be admitted by most observers," we trust is incorrect.

The writer goes on to say "that a cylinder of 0.25 D. is not only employed but even highly recommended by a few prominent oculists, but they have as yet furnished no proof that such lenses benefit their patients. The majority of oculists have learned from their own experience, as well as from the failure of the champions of the 0.25 D. cylinders, that such weak glasses are merely of mythical value."

There seems to be a want of clearness in the writer's mind as to the character of the benefit to be derived from the use of such weak cylinders. If he imagines (which we cannot suppose) that the refractive error is to be removed and the eye made normal, then, of course, oculists have "failed to show any benefit from their use." If, however, the benefit was to be relief of asthenopic symptoms, or even of obstinate neurasthenic symptoms, then ophthalmological literature is full of instances of that kind, and almost any general practitioner has amongst his clients many who have found amelioration of many symptoms by the use of these despised cylinders.

A knowledge of the physiology of vision, and of the anatomical relationships of the parts concerned in the act of accommodation, will explain many of those instances *seemingly* dependent upon ocular conditions, such as blepharitis, lachrymal disturbances, etc., and independent of errors of refraction.

The erroneous way of looking at the use of spectacles by the writer seems strange in view of the following acknowledgment, "that it is apparent that the amount of optic imperfection which can be tolerated without distressing sensations depends upon the vigor of the system at large, and especially the conditions of the nervous system."

It must be remembered as the key to the whole problem that spectacles must be used like all other remedial agents only when and so long as there is any symptom to relieve, be it poor vision or asthenopia, and in a dose adapted to the individuality of the patient.

When we hear that patients of ours have been able to lay aside the glasses we have prescribed for asthenopic symptoms, far from arguing therefrom that they were unnecessary in the first instance, we rather congratulate ourselves on having relieved their symptoms and on not having interfered with nature's efforts to re-obtain painless control over the normal functions of so delicate an organ as the eye.

LIGHT.

MANY of us can no doubt remember the appearance of Gen. Pleasanton's book on *Blue and Sunlight*, in 1876, giving a detailed account of experiments made by himself and others on the influence of the blue ray of the sunlight and of the blue color of the sky on animal and vegetable life and on health and disease.

We know, too, how the subject caused first wonder and curiosity, and finally incredulity and ridicule, on the part of the majority. A number of physicians, our own Dr. Hering amongst the rest, seemed to take an interest in the matter, and believed that the subject might be capable of development and useful application. We well remember Dr. Hewson's blue or red tissue paper in connection with his application of earth to tumors and ulcerating surfaces. But soon the interest in the matter seemed to die out, and the blue and violet window panes that had been put in by enthusiasts were the only things left to tell the tale of a short-lived wonder.

Now we find a revival of the same subject—the influence of the color rays of the solar spectrum upon health and disease—in the alleged effect upon the course of small-pox of the exclusion of the violet rays. “Finsen has made some observations on the effect of light on the skin. He referred to the good results obtained by Black and others by the exclusion of daylight in the treatment of small-pox, but argued that, as Widmark has shown that it is the ultra violet rays which have the strong chemical action, it is not necessary to exclude the daylight, but by using red curtains tightly drawn, or red window-panes, the injurious effects of the light can be prevented. The correctness of this hypothesis was proved by Svendsen, of Bergen, who last summer treated four cases of small-pox in unvaccinated patients by covering the windows with thick red woollen curtains. The patients escaped the suppurative stage; there was no rise of temperature, no œdema. The patients passed from the vesicular stage, which was slightly prolonged, into convalescence, and escaped scarring.”—*British Med. Jour.*—Ex.

We see no reason to doubt the truth of these observations. Emanating from members of the medical fraternity, it is possible that now the subject may meet with the recognition that it merits. Observations and experiments are easily made, and unless the force of these is weakened by explaining their results by the at present all-powerful idea of “suggestion,” it should not be difficult to arrive at some conclusion as to the actual character and amount of influence exerted by the various rays.

With our knowledge of the general difference between the actions of the rays at the opposite ends of the spectrum, it seems remarkable that therapeutic application of this knowledge should have been so long delayed. Had the subject now originated with a homœopath we are afraid that fact would at once have been enough to expose it to the jeers of the “scientific” branch of the profession, and we would have had it classed with “trituated moonshine” and other monstrosities and vagaries, which it has pleased some lately to endeavor to saddle upon homœopathy.

As it comes, however, from the “regular camp,” and from a foreigner to boot, we expect soon to see all journals teeming with observations and results “in so and so many consecutive cases” of this, that and the other disease, “treated by the application of red-light” with so many—failures to die. In our own school we would hope to see progress made in the usual safe manner and according to our established principles. We would endeavor to find where it

would be applicable, and would only expect results there. We hail, as omens for good, all cures where physicians are brought to acknowledge the possibility of results flowing from causes that cannot be weighed or measured. Let the profession at large be roused from the present bacteriological coal-tar-preparation state in which it is at present wallowing, and we can hope for more true progress *forward*. Much of the so-called progress of the day is really a fresh start from some long-past and pretty generally forgotten standpoint, accompanied by such blowing of horns and shouts of eureka, as in many cases to deceive even the very elect.

LIFE.

THE preparation of urea from ammonium cyanate by Wöhler, in 1828, weakened the idea that had been prevalent that most of the complex compounds produced by animal and vegetable organisms were peculiar to them, and only possible as the results of their vital activity. As other so-called organic compounds have rewarded the chemist's skilled manipulations, the distinction between organic and inorganic has come gradually to be obliterated, and the highest hopes have been raised of soon being able to solve the mystery of life itself by reducing its manifestations to chemical and physical processes, reproducible at will by the scientist.

Tending in the same direction were the efforts to lessen the number of functional disturbances, by tracing them to tissue-changes, which, according to some, will be found in all cases as the causative substratum.

When the manifestation of life was traced back to cellular activity, we seemed on the point of grasping the key to the mystery. But one step more, the characterization of that acting, and the mystery of life would be solved, and the necessary parts and conditions for its production by physico-chemical means be placed within the voluntary power of man. High hopes, indeed, but surely doomed to be shattered as might have been foretold in the commencement, from the apparently trifling but all-important unexplained factor always left over—the *why*.

Prof. Burdon-Sanderson in a late address before the British Association for the advancement of Science, in giving the latest results of physiological investigation, leaves the question as much an enigma

as ever, and shows that we are no nearer its solution than a simple change of name can bring us. He says: "The process of lymph absorption, which before we regarded as dependent on purely mechanical causes, is in great measure due to the specific energy of cells, and in the various processes of secretion the principal part is not, as we were inclined not many years ago to believe, attributable to liquid diffusion, but to the same agency."

"Life," or "the vital principle" is still seen as the point beyond which we cannot pass; it appears now, however, as "the specific energy of the cells;" but just as inscrutable and inexplicable. It must ever remain so.

The conditions and manifestations of life are legitimate objects of study for physiologists and chemists, but its true nature lies beyond their sphere, and must ever elude even the closest investigation by material means. We are surrounded by so many phenomena the agencies in the production of which have, it is true, been named, but are not on that account any the better comprehended, that we can hardly hope to be more fortunate in regard to the greatest of all phenomena—life. We say we see a body fall—we see only the relative change of position of a portion of matter—but know absolutely nothing of the nature of the force that causes this change of position or of its mode of action. What we call motion is but the name given to a comparison of the various positions assumed by a body between the time of the first and last impressions made upon our retina.

Our best knowledge is at best catalogued ignorance. Let us by all means, however, prosecute the work of closest investigation into the works of nature, but let us not be discouraged by, or draw false conclusions from our inability to penetrate to her innermost secrets.

FALSE DISSEMINATED SCLEROSIS DUE TO MEASLES.—At a meeting of the Royal Medical and Chirurgical Society, Dr. Dawson Williams gave particulars of a case of this nature, with remarks on the occurrence of certain wide-spread nervous disorders after this and other infectious diseases. The patient was a girl aged three years and eight months, who, on the fourth day of an attack of measles, was seized with convulsions, after which she remained unconscious for ten days. She improved slowly, so that at the end of three months she was able to speak a little, to feed herself, to stand up, and to walk with assistance. When ten years old, she was still very backward. Tremor was present in all the limbs, and involved the head; it interfered with the performance of fine manual movements. An opinion was expressed that if hemiplegia and atrophic paralysis be excluded, cases of nervous affections associated with measles may be classified as follows: (*a*) acute disseminated myelitis; (*b*) cases presenting at a later date symptoms resembling disseminated sclerosis; (*c*) cases in which the most prominent symptom is inco-ordination; (*d*) cases of "extensive, ascending, diffuse, or disseminated" paralysis resembling diphtherial paralysis.—*Lancet*.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D.,

FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

EPILEPTOID STATES DEPENDENT UPON HEART DISEASES.—Dr. Robert states that the attention of physicians has been chiefly confined to the study of rapid heart's action—tachycardia and embryocardia—rather than the slow pulse. Nevertheless, this latter condition constitutes a definite and distinct disease. Among others, he reports a case of bradycardia with associated epileptiform seizures, a case of cardio-bulbar bradycardia (Stokes'-Adams' disease). An old man of sixty years, without previous syphilitic, alcoholic or neuropathic history, was slowly running down and becoming emaciated; his skin and mucous membranes were pale. Suddenly, he was seized with an epileptic attack, followed by others more serious. There was a remarkable slowness of the pulse, both during the waking and sleeping states. His ordinary pulse-rate was thirty-six a minute, but at times, for about a quarter of an hour, there were critical moments when it would descend to six a minute or one pulsation every ten seconds. (Comby cites a case where there were five pulsations a minute.) During the attacks the patient would become pale, his extremities cold, though there was no syncope, neither was his intelligence disturbed. The condition, with alternations of paroxysms and relative quiet, lasted for several months, when the patient became cachectic, and died. Hence, this is a typical case of Stokes'-Adams' disease characterized by permanent slowness of the pulse and epileptiform attacks.—*Rivista Clinica Terapeutica*, No. 4, 1894.

Dr. Kr. Freng reported the case of a patient of fifty-nine years who, with a previous history of angina pectoris was confined to his bed with attacks of vertigo and other pronounced stenocardiac symptoms. His pulse varied from twenty-six to eight a minute, and during the last month of his life the attacks would appear every five minutes, and be accompanied by convulsive seizures. He had had a pulse rate of thirty-six for several years, and he had been able to work with this grave heart affection to within several months of his death.—*Norsk Magazin for Lægeridenskaben*, No. 7, 1893.

Dr. Heinrich Rosin, of Berlin, recorded a case from Prof. Senator's clinic, where a woman of sixty-two years, after thirteen years of suffering from a chronic heart disease with epileptoid seizures, finally succumbed. Previously robust, in blooming health, and coming from an entirely healthy family, the disease began as paroxysmal attacks of tachycardia, which were held to be of nervous origin and connected with the climacterium. Objectively, the heart was found normal. These attacks appeared every six to eight weeks, and disappeared as suddenly as they came. During the seizure pale face, passing pale or nearly colorless and watery urine, sensation of irregular and oppressive heart's action and general discomfort. After the attack, completely well, and she could follow her occupation. In spite of sedative treatment they increased in the following years, so that they would set in twice a week for three or four hours. Examination of heart revealed nothing, though a degeneration of the myocardium of arterio-sclerotic origin was assumed; this was later confirmed. After six years of permanent arrhythmia, cardiac sounds clear and urine contained nothing abnormal. This continued for seven years longer. In the third year of the disease she was seized with an epileptic attack in sleep; initial cry, for five minutes tonic and clonic convulsions and involuntary urination. Then deep sopor, violent snoring respiration, when she fell into a deep sleep for several hours and awakened normal and without any knowledge of what had passed. Pulse during the attack and next day normal. No arrhythmia and no paralysis. During the following ten years she had seven more attacks, the second five years after the first, the others one or two a year, all at night during deep sleep. From the last

and eighth seizure she never awakened; the sopor increased, cardiac weakness pulmonary oedema and death. Though the attacks were typically epileptic, there were other and intervening masked ill-developed seizures with an aura in the cardiac or gastric region, discomfort for a few seconds, and great pallidity and hallucinations. These attacks were due to disturbances of circulation in the brain and of those centres and tracts which, when irritated, produce epilepsy, a rare complication. The writer has collected twelve cases where the epileptic attack was of undoubted cardiac origin. Heart tonics and the bromides are to be tried.—*Wiener Medizinische Presse*, No. 43, 1893.

SNUFF IN OBSTINATE HICCOUGH.—Dr. C. Tatevosoff, in a patient who was very much disturbed by an obstinate hiccough, after failure of the usual remedies, administered a good pinch of snuff to him. This was followed by several vigorous sneezing attacks and brilliant success. The hiccough ceased at once and did not return for several days, and then after a coughing attack. Then, again, snuff was followed by success. As the measure is both simple and convenient it might be tried before internal remedies are given.—*Revista de Ciencias Médicas de Barcelona*, No. 8, 1894.

DISEASES OF BICYCLISTS.—Dr. Theodor, though admitting the value of bicycle riding in nervous diseases, gout, the first stage of phthisis, anemia, etc., claims that it has its dark side as well. Frequent falls gave the surgeons work, which was the least; the great exhaustion after racing, and the abnormal position assumed in sitting, by many riders, the "tom-cat back," as it is called, in Norwegian. This is often imitated by beginners. Hypertrophied heart, pulmonary hæmorrhages, and other signs of strain are frequently observed, from this very posture. Vomiting may appear after a forced ride, and internal hæmorrhages have been observed. The shock given the nervous system from riding over bad roads or on a poor machine is injurious to the nervous system, though the pneumatic tire has greatly diminished that. Still, nervously predisposed individuals are harmfully affected by the jar. Another consequence is a peculiar inflammation of the prostate from over-riding. One English physician has observed five cases in eighteen months. The symptoms are due to pressure, and are as follows: A few hours after riding, the patient experiences tenesmus in the neck of the bladder during urination, and long-lasting and painful erections may follow for three to four days. The urethra is sensitive to pressure, the testicles feel heavy and painful. In the beginning there is no discharge from the urethra, but after three to four days a yellowish and thick pus is evacuated. A cure is obtained after six to seven days' rest and treatment. In France and England, similar cases have been reported; in all there was persistent priapism. He would not permit children and young persons to ride the bicycle; the osseous system is not entirely developed, and thus one may favor the development of deviations of the spine and cardiac hypertrophy. If a child is to be allowed to ride, then select a suitable and light machine, which is appropriate for the size of the child, and on no account permit him to ape celebrated riders and develop a "tom-cat back." Racing and long-distance riding should be left to professionals by every sensible person.—*Tidskrift for den Norske Lægeforening*, No. 8, 1894. (In the May number of the HAHNEMANNIAN MONTHLY, another abstract on the affections of bicycle riders is presented from another source. A certain form of laryngitis peculiar to bicyclists has already been described by a French writer).—Eds.

MENTAL DISTURBANCE FROM IODOFORM.—Student, medical, Th. Oldenburg, of Copenhagen, observed the case of a woman of fifty-one years who had suffered from typical epileptic attacks for the last twenty years. During the last of these seizures she fell and thrust her hand into a kettle of boiling soup. The burn was dressed with a ten per cent. iodoform salve. In the course of several days she began to become irritable, restless and confused; hallucinations. On being transferred to the hospital, iodine and a little albumin were found in her urine. She sat crouched over in bed, complained and cried out without it being possible to get a word out of her as to whether she suffered pain or where it was. Confused; did not know where she was, nor what day it was; irritable; complained of persecutions by the neighbors; was kept in bed with difficulty; tongue dry, coated, skin moist; pupils of moderate size and reacted to light; pulse 112 and small, temperature, 38.2, C. The next day she bit and tore at the dressing of the wound; strait-jacket. The next day after, cyanotic, dyspnoea, confused; slight iodic reaction in urine, no albumin; could not be kept in bed. The day following, more

depressed, slept better, groaned and complained, and was confused. No iodine in urine. In the next two weeks she steadily improved, with alternating periods of depression, confusion and irritability, and at the end of that time was discharged as practically cured. The writer thinks that the mental aberration had nothing to do with the epileptic attack.—*Hospitals-Tidende*, No. 18, 1894. (That iodoform is capable of causing mental disturbances has been recognized for several years. One of the most complete works on this subject is, unfortunately, printed in the Danish language.—*H. Mygind, om Jodoformens Anvendelse ved Saarbehandling*, Thesis, Copenhagen, 1883. Professor L. Lewin, of Berlin, has also given a comprehensive review of the untoward effects of this antiseptic).—EDS.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D.

RELATION OF MAMMARY ADENOMA TO CARCINOMA.—Hawood (London) records a carefully-watched case in which carcinoma followed a long-standing adenoma of the breast. He, very justly, condemns the practice of letting such growths alone, even if we are sure of their benign character.

A lady, 39 years of age, was seen in 1884. She had a firm, lobulated, painless tumor in the upper, outer part of the right breast. It was not attached to the skin or subjacent tissues, and the rest of the breast and neighboring lymphatics were not involved. It had been noticed for about a year. Under iodide of potash and a protective pad, the tumor first diminished in size, and then remained stationary until 1892, when a distinct, hard nodule was found attached to the skin and to the tumor. The breast was at once removed. The microscope showed undoubted carcinoma in the attached nodule, which invaded the adjacent portions of the original tumor. The remainder of the latter presented the characteristics of fibro-adenoma with a central cyst. A year later two cancerous nodules were removed from the neighborhood of the scar.—*Lancet*.

TREATMENT OF TUBERCULAR PERITONITIS BY INSUFFLATION OF AIR.—Duran has made use of air which had previously been made to pass through caustic potash moistened with carbolic acid, in two such cases. After evacuating the fluid, eight and fourteen litres respectively, with an ordinary trocar, as much air as possible was insufflated into the abdomen through the canula. It was allowed to remain in the cavity for a few moments and then let out, when a light compress was applied.

Some fever and slight nausea followed for a couple of days, tympanites persisted for over a week before it began to subside, complete cure being effected in about six weeks.—*Revista de Ciencias Medicas de Barcelona*.

APPENDICITIS.—White (Philadelphia), after a review of the opinions concerning this disease, with some illustrative cases of his own, summarizes the position of the more conservative surgeons as follows:

1. The explanation of the great frequency of inflammation of the appendix is to be found in the following facts:

(a) It is a functionless structure of low vitality, removed from the direct fecal current; it has a scanty mesentery so attached to both cæcum and ileum that it is easily stretched or twisted when they become distended; it derives its blood-supply through a single vessel, the calibre of which is seriously interfered with or altogether occluded by anything which produces dragging upon the mesentery.

(b) In addition, there is almost always present a micro-organism—the *bacterium coli commune*—capable of great virulence when there is constriction of the appendix or lesions of its mucous coat or of its parietes.

2. The symptoms in a case of mild catarrhal appendicitis—general abdominal pain, umbilical pain, localized pain and tenderness on pressure in the right iliac fossa, vomiting, moderate fever and slightly increased pulse-rate—cannot at present with any certainty be distinguished from the symptoms, apparently precisely identical, which mark the onset of a case destined to be of the very gravest type.

3. It must be determined by future experience whether or not operation in every case of appendicitis, as soon as the diagnosis is made, would be attended by a lower mortality than would waiting for more definite symptoms indicating unmistakably

the need of operative interference. At present, such indication exists in every case if the onset is sudden and the symptoms markedly severe, and whenever, in a mild case, the symptoms are unrelieved at the end of forty-eight hours, or, *a fortiori*, if at that time they are growing worse.

4. It must be determined by future experience whether cases seen from the third to the sixth day, which present indications of the beginning circumscription of the disease by adhesions and which tend to the formation of localized abscesses, will do better with immediate operation with the risk of infecting the general peritoneal cavity, or with later operation when the circumscribing wall is stronger and less likely to be broken through. At present, operation is certainly indicated whenever a firm, slowly-forming, well-defined mass in the right iliac fossa is to be felt; or, on the other hand, when a sudden increase in the sharpness and the diffusion of the pain and tenderness points to perforation of the appendix or breaking down of the limiting adhesions.

5. In the beginning of general suppurative peritonitis, operation offers some hope of success. In the presence of general peritonitis with septic paresis of the intestines, operation has thus far been useless.

6. Recurrent appendicitis of mild type, like acute appendicitis, frequently results from digestive derangements. Several attacks may occur followed by entire and permanent recovery, but it is as yet impossible to differentiate these cases accurately from those which do not tend to spontaneous cure. Operation is certainly indicated whenever the attacks are very frequent.

7. Chronic relapsing appendicitis is characterized by the persistence of local symptoms during the intervals and by more or less failure of the general health. It usually indicates operation.

8. In either the recurrent or the chronic relapsing variety, operation should be advised according to the following indications formulated by Treves: Whenever (1) the attacks have been very numerous. (2) The attacks are increasing in frequency and severity. (3) The last attack has been so severe as to place the patient's life in considerable danger. (4) The constant relapses have reduced the patient to the condition of a chronic invalid, and have rendered him unfit to follow any occupation. (5) Owing to the persistence of certain local symptoms during the quiescent period, there is a probability that a collection of pus exists in or about the appendix.—*Therapeutic Gazette*.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

CONDUCTED BY

CHAS. M. THOMAS, M.D.

PERIODICAL TESTING OF EYESIGHT IN SCHOOLS.—Mr. Priestly Smith, London, advises the annual testing of the eyesight of school children. For success in this direction the examiner must be a competent, skilled oculist. He laid before the Ophthalmological Society printed directions, which were to be sent to 200 schools. The eyesight test involved in this scheme involves practically no expense and very little trouble to the school authorities, and it interested at least one teacher in every school in the eyesight of the scholars. This proposed scheme will be of great value in throwing some light on the refractive changes occurring in the course of school life.—*The Lancet*, May 19, 1894.

REFLEX OCULAR NEUROSES.—*The Lancet*, June 2, 1894, quotes from an article by Dr. Weir Mitchell, in which certain conclusions were formulated as to headaches and other symptoms of refractive errors. Dr. Weir Mitchell clearly recognizes the extreme to which eye strain has been called in as a cause of different neuroses, more especially in America, and it is interesting to have the result of his own experience in regard to the refractive treatment in two conditions, viz, chorea and epilepsy. As to the former, Dr. de Schweinitz examined carefully during two years the numerous choreic children who attended Dr. Weir Mitchell's clinic at the Philadelphia Infirmary for Nervous Diseases. The cases were 100 in number, but no notable result in the way of cure of chorea was obtained by correction of refractive or other ocular errors in cases in which these were present. As to epilepsy, Dr. Weir Mitchell's experience has been similar, and he calls attention

to some of the fallacies to which conclusions in regard to this matter are exposed. Thus, even an obstinate epileptic suddenly placed under new conditions, amid new surroundings, and with an altered diet may, and frequently does, undergo a rapid change for the better. Such a fact is, of course, of the utmost importance when one seeks to determine the usefulness of any particular therapeutic procedure. As regards the efficacy of cutting tendons and correcting errors of refraction in treating epilepsy, Dr. Mitchell's experience is entirely negative, and on this point he shares the views we have from time to time expressed in our columns.

Nose-BLEED AND ITS TREATMENT.—Dr. S. Kohn, of New York, gives as causes of nose-bleed, 1. local; 2. constitutional.

Local causes are: *A.* Traumatism which may be operative, as for the removal of polypi, hypertrophies, etc.; blows and falls on the nose, with or without fracture of the nasal bones; habitual picking of the nose, more frequently met with in children, which may or may not be due to the presence of crusts which are so firmly adherent that, to remove them, the finger-nail is dug into the mucous membrane.

B. Congestions, active or passive. *Active congestion*, frequently a cause in children, due, probably, to the active processes of growth and development, to the vascularity of the erectile tissue of the nose, and in girls at the age of puberty is attributable to the establishment of the menstrual function and the developmental activity incidental thereto. Active congestion leading to hæmorrhage may be caused by the inhalation of irritating vapors, powders, gases, etc. Overheated and impure air of school-rooms and cardiac hypertrophy may cause active congestion and nose-bleeding.

Causes of passive congestion of the nasal mucous membrane: valvular lesions of the heart, more or less uncompensated; diseases and degenerations of the heart-muscle; diseases of the lungs; chronic bronchitis, emphysema, tuberculosis, pleurisy in all its forms, empyæma, whooping-cough; diseases of the liver, spleen, kidneys, and supra-renal capsules.

Growths, benign or malignant; adenoid vegetations, vascular polypi, caries, necrosis, ulcerations, syphilitic gummata, rhinoliths, foreign bodies, etc., may cause recurrent bleeding.

The constitutional causes are, the continued and malarial fevers, the exanthemata: septicæmia, diphtheria; gout, rheumatism; chlorosis, anæmia, simple or pernicious; hæmophilia. Finally, mental emotions: fright, rage; coitus, masturbation. Heredity may act as a predisposing cause.

Treatment. *A most searching examination of the nose and naso-pharynx is essential.* If an erosion or varicosity be found, as it frequently is, on the lower anterior portion of the cartilaginous septum, this should be dried with absorbent cotton, and then cauterized with a saturated solution of chromic acid, or with the galvano-cautery. Tumors, vascular polypi, etc., must be removed.

There are some cases in which the bleeding occurs spontaneously, without any lesion being discoverable. Ergot has been recommended as a preventive in these cases by Morell MacKenzie. The writer has found in the fluid extract of *hydrastis canadensis* a sovereign remedy in these cases. It is administered internally, in ten-drop doses, in water, every two or three hours. The alkaloid hydrastin hydrochlorate, in one-twentieth-grain doses, has been put in tablet form, in combination with ergotin. A five per cent. solution of the fluid extract of *hydrastis* in water may be used as a spray for the nose.

Non-medicinal methods are: External compression upon the bleeding nostril, either by the fingers, iced cloths, ice-bags, or ice; the hot nasal douche, water having a temperature of 90° F., injected until it emerges from the non-bleeding nostril unmixed with blood; ice in the mouth; cold cloths, ice or cold metals applied to the spine; immersing the scrotum in iced water; Chapman's bags, containing water at a temperature of 105° F. to the spine.

Internal compression: By means of absorbent cotton pledgets which may be saturated with astringents in solution; by means of long, narrow strips of iodoform gauze, gently introduced until the nostril is entirely occluded; by means of small rubber bags, on the principle of the Barnes' dilators. Finally, plugging the posterior nares with Bellocq's cannula, which should be the *dernier ressort*, as it is not devoid of danger.

A twenty per cent. solution of antipyrine, applied on cotton pledgets, which are allowed to remain *in situ*, has been recommended as a reliable remedy.—*Medical Record*, June 9, 1894.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,
FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

IBERIS AMARA IN CARDIAC AFFECTIONS.—In a proving of this remedy the following prominent cardiac symptoms were developed: Shortly after taking the drug the action of the heart became somewhat weakened, accompanied by a fluttering motion and weak pulse, soft, full and easily compressed, and with double beats, which appeared to be passing one into another. The pulse would intermit every third beat. Within twelve minutes the pulse became strong and full, increasing in rapidity until it reached 100. The apex beat was increased in force so that the hand, when placed over the region of the heart, was visibly raised, and a thrill was imparted to the finger when placed on the pulse. Choking sensation in the throat, with palpitation and giddiness when walking out of doors, and on entering the house a peculiar feeling of faintness as if on the point of becoming unconscious; pulse trembling and irregular; numbness and tingling of fingers of the left hand, commencing at the tips of the fingers and gradually extending up the arm, in which there was a dull, aching pain. Feeling of pressure and weight in the region of the heart, with sharp pains passing antero-posteriorly with increased heart's action. Dyspnoea on ascending stairs, with palpitation. Sensation of weight, fulness, pressure and constriction under the sternum, with sharp and lancinating pains in the region of the heart. Violent palpitation, *induced on the slightest exertion or by laughing or coughing*, accompanied by a dull pain, which is *increased by motion*. Darting pains through the heart at night when in bed, increased by lying on the left side; lying on the left side caused a sharp, pricking pain at each contraction of the heart. Continuous dull pain in the heart, aggravated by lying down.—*Hom. World*, May, 1894.

A PROVING OF NUX MOSCHATA.—Dr. Julia F. Haywood reports the following case of poisoning from the use of this drug: A young woman grated two nutmegs, made a tea of the same, and drank it for the relief of painful menstruation. An emetic was administered, but sufficient of the drug had been absorbed to produce the following symptoms: The patient was very pale, weak and trembling, with incoherent speech and unnatural manner. There was loss of motion and sensation. She could not walk without assistance, and altogether presented a picture closely allied to the semi-stupor of a narcotic or an intoxicant. The head would drop forward, and when attempting to speak thoughts could not be expressed or wrong words would be chosen. For a moment an unconscious condition would supervene, and on being aroused she would look around with a wandering, dazed expression. If questioned she could slowly collect her thoughts and make relevant replies, but with great effort. The pulse was small, slow and weak, and, although pale, she complained of her head throbbing and pulsating. In a few days she entirely recovered, but the loss of memory and impairment of motion were the most persistent symptoms. In another case which came under Dr. Haywood's observation, the patient was very weak, ghastly pale, had fainted once, and thought she was dying, but was strikingly indifferent and apathetic. The loss of memory was not marked, but she was slow of speech and comprehension. The most characteristic part of her condition was the marked acceleration of the heart's action, the pulsations being increased to 160 per minute, and were plainly visible through the clothing. This condition of the heart lasted longer than any other ill effect, and at times, after slight exertion, the rate of beating would be 180 per minute. *Cactus* relieved the heart symptoms of this patient.—*Med. Century*, May 15, 1894.

CAUSTICUM IN FACIAL DIPLEGIA.—William H., æt. 62; occupation, layer of carpets. About the middle of October, 1893, he became very much constipated, and commenced to suffer considerable abdominal colic. One month later his face began to feel "stiff," and he was unable to whistle sufficiently to call the newsboy, as had been his wont. Soon the lips became paralyzed, and the corners of the mouth drooped, compelling him to use the hand in approximating them, and to lie on his back while eating. While masticating, the food would collect between the teeth and cheeks, forcing him to extricate it with the fingers; was also unable to close the eyelids, and the tears would flow on the cheeks. The eyes were much inflamed at that time. The motions of the tongue were somewhat, though not seriously, impaired; deglutition and sense of taste remained normal. After remaining under clinical attendance for one month, and receiving causticum 6x, he recovered sufficiently to resume his work.—*Clinique*, May, 1894.

A CASE OF CAPSICUM POISONING.—Mrs. E., æt. 39, has been working on capsicum plasters at Seabury & Johnson's factory. She first felt sudden and extreme faintness, with intense chilliness; chill centered in the back, relieved by standing near the heater; very talkative, restless, and irritable; headache in temples and forehead, with great heat, associated with great restlessness and absolute sleeplessness, and worse from motion and light; severe burning in the eyes, with profuse, hot, intensely irritating discharge; pupils dilated, and intense photophobia; nasal mucous membrane intensely congested; profuse, hot, and excoriating watery discharge; pale, anxious face; tongue swollen, congested, and bears impress of the teeth; can only be protruded a little way on account of the swelling; severe pain and spasm at the angle of the jaw on attempting to open the mouth; great heat in mouth and throat; loss of appetite, with chilliness and feeling of nausea on attempting to eat; intense thirst, but the least swallow of water causes severe shivering chill; stranguary; urine passed frequently, with most intense burning, accompanied with chill in back and severe shaking; spasmodic contraction of the larynx; voice at times very hoarse; dry, spasmodic cough; sticking pains in lower left chest from before backward; sensation as of water trickling down the front of chest; severe aching pain across the region of the kidneys; constant creeping chills running down back; severe general chills begin in the back and extend down the thighs; aching of the lower limbs; hyperæsthesia of the skin over the entire body; the slightest touch is painful.—F. C. Bunn, M.D., in *N. Am. Jour. of Hom.*, June, 1894.

PLUMBUM IN WRITER'S PARALYSIS.—A gentleman, æt. about 50 years, by profession a writer in one of the government offices at Allahabad, India, had an attack of this malady. His right hand, from the shoulder down to the wrist, became paralyzed and very painful; he could not stretch his hand, and was quite unable to lift anything of the least weight. After ineffectual treatment by an eminent old school physician, Dr. Banerji prescribed *plumbum* 3x, a powder twice daily. In a few days all the pain had vanished, and he is now as fit to perform his clerical duties as ever, and is able to lift articles of heavy weight and to stretch his hand.—*Ibid.*

OUBAIN IN PERTUSSIS.—Ouabain is prepared from the leaves of the *carissa schimperi* or an allied (African) plant, and constitutes the active principle of the poison used for the arrows by the Somali. Dr. Percy Wilde, noting that severe respiratory spasm was said to be set up in those wounded by the arrows, suggested its trial in whooping-cough. Dr. Gemmell, of Glasgow, an old-school practitioner, was the first to test it, and reported that, given in the first stage, it cut short an attack; in the second, reduced the frequency and violence of the paroxysms; and in the third hastened convalescence. Dr. E. A. Neatby has now tried it with good results, though whether such as to supersede our ordinary remedies in its favor is another question.—*Monthly Hom. Review*.

MEZEREUM IN AURAL AFFECTIONS.—A study of the aural symptoms of mezereum is contributed to the *New England Medical Gazette* by Dr. Howard M. Bellows. He considers that the most characteristic symptom for it to be that the ears feel as if too open, as if air was pouring into them, or as if the tympanum were exposed to cold air, with a desire to bore with the fingers into the ear. This indication is based on the experience of three of the provers, and is thus good pathogenetically as well as clinically.

THE HAHNEMANNIAN MONTHLY.

AUGUST, 1894.

TOXÆMIA OF PREGNANCY—A REVIEW OF ITS CAUSES, DIAGNOSIS AND TREATMENT WITH REFERENCE TO THE PREVENTION OF ECLAMPSIA.

BY L. L. DANFORTH, M.D., NEW YORK CITY.

(Read before the American Institute of Homœopathy, Denver, June, 1894.)

AT a meeting of this Institute held at Atlantic City in June, 1891, I presented a paper entitled "Albuminuria of Pregnancy." I considered the various causes of albuminuria in pregnancy so far as known, and endeavored to define the relationship of this condition to its most dreaded sequel—eclampsia. In view of such facts as I then possessed I maintained that renal albuminuria was of no special significance unless associated with symptoms and conditions referable to a disordered state of the nervous and muscular systems and that these systems were usually the result of an abnormal state of the blood to which we now apply the general term toxæmia.

There is no subject in the whole field of obstetric medicine of greater importance than this. The extreme suddenness with which the complication so often sets in, the high mortality with which it is attended both to mother and child, and the circumstance that there is such diversity of opinion in professional circles, both as to its pathology and treatment—all these facts constitute ample grounds for bringing this subject again forward for discussion before this section of the Institute. The term toxæmia, as here employed, signi-

fies the accumulation in the blood of the mother of waste material, the result of increased tissue metabolism dependent upon the remarkable processes connected with gestation and parturition associated with scanty elimination through one or the other of the usual channels.

It may be asked why abandon the term uræmia, when as we shall see, a deficient elimination of urea seems to be associated in some way with the appearance of convulsions, and probably stands in a causative relation to the convulsion in the majority of instances, although the exact nature of the relationship is unknown. I am aware that the excess of urea has not invariably been found in the blood and tissues of women who have died of eclampsia; and furthermore that cases are on record where pregnant women have had for days an almost complete suppression of urine with a great diminution of urea, and yet these patients have not had convulsions as would have been the case were the insufficient elimination of urea the only cause of the attack. The following cases illustrating the non-susceptibility of the nervous system to retained urea are interesting and instructive in this connection.

CASE I.—Mrs. S., æt. 38, fourth pregnancy. Previous pregnancies normal with uncomplicated deliveries. At the beginning of the fifth month of pregnancy her legs began to swell, and during the last three months her face was puffy. Urine began to be scanty and dark colored about three months before delivery. On boiling in test-tube urine became almost solid with albumin. Swelling of limbs became extreme, and the patient presented a decidedly anæmic appearance.

The amount of urine passed on some days during the last two weeks varied between twelve, sixteen, and twenty ounces per diem, with a specific gravity ranging from 1010 to 1014. At no time was there any evidence of so-called uræmic symptoms, notwithstanding the small quantity of urine passed, and the decidedly scanty elimination of solids.

The patient was kept under due surveillance, and, as might be imagined, the onset of convulsions was confidently expected. The patient was delivered about two weeks ahead of the anticipated time without a complication. At no time was there any manifestation of nervous phenomena. After delivery the urine quickly increased in quantity, and the specific gravity steadily rose to the normal point.

CASE II.—Mrs. —, a German woman, seen in consultation

with a physician of this city. Patient æt. about 35; first pregnancy. The attention of her physician was first called to a gradually increasing dimness of vision, which appeared at about the seventh month of pregnancy. She was advised to consult an oculist, who diagnosed retinitis albuminurica, and advised an examination of the urine. A large amount of albumin was found, about half the bulk of the urine. The quantity of the urine varied from sixteen to twenty ounces in twenty-four hours, and the specific gravity ranged from 1010 to 1012. The patient suffered extremely from dyspnœa and œdema pulmonum to such an extent that she could not rest in bed, being obliged to sit upright in a chair to secure much needed rest.

The limbs were enormously swollen and the face and hands were puffy. Examination of the heart showed apex-beat in normal position; area of cardiac dulness not increased. Systolic murmur at apex, conducted towards axilla; arteries rather hard.

On account of the dyspnœa, pulmonary œdema, and scanty elimination of urine and solids, it was decided to induce labor, which was done by the introduction of a bougie between the membranes and the uterine wall. Hot water douches were also directed against the cervix to soften it and excite uterine contraction. Labor was terminated in six hours by the birth of a living child at the eighth month. The mother's condition gradually improved so that she could lie down and sleep. She died, however, two weeks after delivery, of exhaustion and pulmonary congestion. Her eyesight never wholly returned.

This was undoubtedly a case of acute nephritis engrafted upon a chronic nephritis, and the acute attack being induced and aggravated by pregnancy. The notable feature in this case was the scantiness of urine and the deficiency of solids, both falling below what has been observed in some cases of eclampsia.

Anomalous cases of this kind are certainly very difficult of explanation, and have been employed by some as arguments against the uræmic origin of convulsions.

It has often occurred to me whether, in such cases as these, it may not be that both the small quantity of urine and the scantiness of urea are not due to the deficient *formation* of urea in the tissues.

It seems to me that this is a plausible explanation of such unusual cases, and, if true, would account not only for the small quantity of urea in the blood and tissues, but also for the small

quantity of urine, since urea is known to be a diuretic of considerable power; furthermore, if urea in the blood is really the cause of convulsions in such cases, the theory of deficient formation of this substance would account for the absence of this complication.

Whatever may be the relationship between deficiency of urea and convulsions, whether it be urea itself retained in the blood or some product of the decomposition of urea, or some other unknown toxic element which accumulates in the system as a result of the non-formation of urea in the tissues, we are quite well convinced, by practical observation at the bedside, that deficient kidney elimination stands, in the majority of instances, to convulsions in the relation of cause and effect. But that there are other factors, both in the line of direct and predisposing causes, no one who has closely watched the history of these cases, or kept abreast of the literature of the subject, will attempt to deny.

Eclampsia may have its origin in organic changes of the liver. Kundrat performed an autopsy on a patient who died of eclampsia eighteen hours after delivery, and found a hæmorrhagic hepatitis, the convulsion having been caused by ptomaine poisoning of hepatic origin.

Pilliet reports an interesting case of eclampsia in which the liver showed complex alterations in connective tissue, vessels and parenchyma. The lesion was hæmorrhagic hepatitis, with extensive parenchymatous necrosis.

It has seemed to me that functional derangement of the liver, associated with constipation, torpidity of the skin and other symptoms characteristic of this condition, might be sufficient to cause toxæmic symptoms, without marked structural alteration of the kidney. The urinary secretion is apt to be scanty in such conditions, though, fortunately, in most cases the specific gravity of the urine is increased and a just balance between supply and elimination is preserved. But should the kidneys become congested from any cause, or fail temporarily to perform their functions, it is easy to understand how these associated conditions—insufficient kidney elimination and an increase in the blood of the insoluble products of food metabolism—might be sufficient to disturb the equilibrium of the organism and become the starting-point of further kidney or nervous disturbances.

Auvard has so well expressed the idea which I wish to convey that I am tempted to quote his words. He says, "Normally, the elimi-

nation of organic waste products is effected (1) by the kidneys; (2) by the liver; (3) by the intestines; (4) by the lungs; and (5) by the skin. The kidneys and the liver are, however, the organs of elimination *par excellence*. When, for any reason, this elimination does not take place, the organism is poisoned by the accumulation of these waste products. This intoxication manifests itself most frequently toward the termination of pregnancy—giving rise to convulsions, known as puerperal eclampsia. Eclampsia, then, is obviously the result of a ‘strike’ on the part of the organs of elimination, a cessation of function which may be restricted to one of them—the kidneys or the liver, for example. Hence the frequency of jaundice or albuminuria in association with this malady, or it may involve the entire apparatus of elimination.”

Any attempted explanation of the factors which tend to produce eclampsia will be incomplete and one-sided which ignores the part which the nervous system plays in the production of this phenomena. The nervous system of many women is in a state of exaggerated sensibility during pregnancy, as is well known and frequently observed in diverse ways. This heightened sensibility is often increased as pregnancy advances. In some it is most marked in the early months, and subsides as improved conditions of general health appear with advancing pregnancy. In others the condition of the nervous system never changes from the usually placid state characteristic of such individuals. It is this difference in women, as regards nervous excitability—the tendency to respond to the slightest stimuli on the one hand or the utmost placidity on the other, no matter what the disturbing element—which makes the difference between the occurrence of eclampsia in the one and the absence of it in the other.

A deficient elimination of urine and its solid constituents and an excess of albumin may co-exist in the pregnant woman, and yet no symptoms of toxæmia occur, so long as the nervous system fails to respond to the irritation of this abnormal blood state. The tolerance manifested by some patients to these conditions is exceptional and can never be relied upon. The majority will show symptoms which will indicate to the watchful observer an abnormal state of the nervous system in some cases even before marked changes in the urine are apparent.

It is to be deplored that there should be such great diversity of opinion as to the state of the blood and nervous system in pregnancy complicated by toxæmia and threatened eclampsia. For

practical purposes, however, it makes but little difference whether it be an intoxication of the blood occasioned by creatin or creatinin in the kidneys, as supposed by Dührssen,* or by urea or some product derived from the decomposition of urea, or by acetone, or by a product of decomposition resembling ptomaines which is generated in the body during life, or by bacterial infection of the kidneys through the urinary channels, or by waste material, the product of foetal and maternal-tissue change. The result is the same—blood empoisonment, toxæmia.

The relationship which renal congestion, as manifested by albuminuria, casts and epithelia, holds to the above blood state is not uniform. It may be the principal cause and the primary one, or it may develop secondarily and as a consequence of functional disorder in other organs.

While all physicians now recognize the fact that in the majority of instances the kidney disorder generally precedes and stands in a causative relation to toxæmia and convulsions, the danger to the patient is not to be estimated by the mere presence or by the quantity of albumin or of the formed elements indicative of renal disease, but by the amount of work the kidneys are doing in the way of eliminating from the system the waste material—solid ingredients of the urine—or, more specifically, urea. I believe that slight disturbances of the general health, such as nervousness, sleeplessness, headaches and some gastric disorder of pregnant women, may be accounted for and removed by attending to the excretions through the kidneys.

It should be the rule for physicians to examine bi-weekly, from the sixth month onward, the urine of pregnant women, and it is not sufficient to examine a single specimen of urine voided. The patient should be directed to save the urine for twenty-four hours, which should be carefully measured and the specific gravity ascertained. An estimate of the amount of solids excreted in twenty-four hours should then be made. I think obstetricians are not sufficiently impressed with the value of investigations which show the total elimination of solids during twenty-four hours. An examination of a single specimen, whether as regards the quantity of urea or total solids eliminated, is no criterion as to the actual amount of work the kidneys are doing. Nothing short of observations covering twenty-four hours, and for successive days, or so long as the

* *Archiv. für Gynäkol.*, 1892.

solids are deficient and the toxæmic symptoms present, will satisfy the requirements of these cases.

I trust it will not be considered too elementary, before such a body as this, to give the simplest method for determining the amount of solids excreted during 24 hours in a given case. For the sake of completeness, therefore, I venture to give a well-known and ready method of estimating the amount of solids. Haeser's rule, one of the simplest and most correct, is as follows: Multiply the last two figures of the specific gravity by 2.33, and the product will be, approximately, the number of grammes of solid matters in 1000 c.c. of urine. Since there are about 30 c.c. in an ounce, the total quantity of urine voided in 24 hours in c.c. can easily be ascertained. With this total as a basis for calculation, it is easy to determine the amount of solids eliminated per diem in a moment. A healthy pregnant woman, on a full diet, should void from 50 to 55 grammes of solids, and on a low diet from 30 to 40 grammes per day. An amount below 30 grammes on an average diet, especially if continued for several days in succession, is pretty sure to result in headache, loss of appetite, sleeplessness, slight nausea or epigastric pain, or general nervous symptoms, and may even disturb the nervous system to a degree sufficient to threaten eclampsia.

In a paper by Dr. A. P. Davis, on this subject, in the *American Journal of Medical Sciences*, February, 1894, it is stated that the average percentage of urea in 84 cases, in which a total of 564 examinations were made, was 1.4 per cent. (about 14 grammes) before labor. It was noticed, that in the majority of cases the amount of urea increased after delivery of the patient, the average being 1.9 per cent. (about 19 grammes). On the other hand, marked diminution in the quantity of urea occurred only in cases having, or threatened with, eclampsia, or manifesting symptoms of marked toxæmia.

For the purpose of calculating the amount of urea eliminated, Doremus's ureometer is accurate and easy of employment; but the estimation of the solids, according to Haeser's rule, is extremely serviceable, and practically subserves the same purpose as the estimation of urea.

The symptoms of toxæmia are so well known, I shall omit a detailed account of them. There is one symptom, however, which I think is quite characteristic, and apt to be one of the first to appear after the renal insufficiency begins to manifest itself. I refer to epigastric pain—which may be paroxysmal or constant, and sometimes accompanied by nausea; it comes suddenly, and is one of the

most common precursors of convulsions. While the advent of convulsions is usually preceded by a train of premonitory symptoms, such as headache, dimness of vision, sleeplessness, general nervous irritability, œdema of face, hands, feet, and ankles, scanty urine, and albuminuria, now and then cases will occur in which no such symptoms have been noted. But, even in these cases, it seems more than probable that the symptoms, having been slight, were thought unworthy of notice by the patient, and therefore the physician's attention was not called to them.

It is because physicians rely too much upon urinary examinations for albumin, rather than upon methods of examination which will reveal the amount of the solids excreted, that they fall into error with regard to the real condition of the patient. A false sense of security is indulged in if albumin is absent, or, present to a slight degree only—this symptom being considered by many as the one of greatest importance.

While albumin and renal insufficiency usually co-exist, a single specimen of urine may be absolutely free from albumin and at the same time the kidney elimination may be below the line of safety. A notable example of toxæmia, in which the examination of the urine failed to reveal either albumin or casts is shown in the following case :

Mrs. A., æt. 29, primipara, presented herself for treatment in the ninth month of pregnancy on account of severe attacks of epigastric pain which occurred at irregular intervals, aggravated at night and unattended by nausea or vomiting. There was no œdema anywhere ; bowels were regular. The patient was directed to save all urine passed during twenty-four hours on successive days. The results of two examinations were as follows :

Color, pale amber ; quantity twenty-four hours, 35 ounces ; specific gravity, 1016 ; reaction acid ; albumin, a trace ; total solids, 30 grammes ; urea, 15 grammes. Specimen of second day : quantity, 24 ounces ; specific gravity, 1014 ; albumin, none ; total solids, 24 grammes ; urea, 11 grammes. At this time the patient complained of headache, restlessness and despondency ; epigastric pain, burning in character, very severe. A peculiar symptom was a very annoying pruritus, which extended over the whole body, but was worse on the hands and arms than elsewhere ; no eruption ; evidently a neurosis.

The result of the urinary analysis led to a diagnosis of toxæmia ; prognosis serious. Patient was placed on a milk diet, and requested to take a hot bath before retiring. To act upon the bowels one

grain of calomel was given every two hours until five grains had been taken. A saline draught was given on the following morning. Several copious movements of the bowels resulted. *Arsenicum* 3 was given for the epigastric pain and for the restlessness. Within thirty-six hours the symptoms had decidedly improved. Urinary secretion had increased; specific gravity rose to 1020; epigastric pain less, and the patient's nervous condition much better. The diet was increased to fish, fruit, bread and light soups. Warm bath at night continued, and bowels kept free with a laxative water. Within two weeks the patient was delivered without an unfavorable symptom.

Treatment of Toxæmia.—A pregnant woman in whom a just balance is preserved between the different bodily functions will not suffer from such disorders as the one under discussion or any of the other disorders of pregnancy. As Robert Barnes has aptly said, "pathology is physiology working under difficulties." Such pathological conditions as are met with in toxæmia and eclampsia grow out of perversions of physiological processes. If we would save patients from these disorders of pregnancy we must so guide them that they will lead physiological lives. Then pregnancy and parturition will be robbed of those dreadful complications which sometimes arise and which when fully developed are so difficult to relieve. Hygienic living, therefore, is the first principle to be adhered to, and after that the correction of perversions of physiological functions by homœopathic remedies.

In the disease under discussion a condition of blood poisoning is found which requires radical and speedy relief, else it will soon pass to a more serious complication, viz., eclampsia. We may relieve individual symptoms with homœopathic remedies. Thus *glonoin* or *belladonna* for headache and high arterial tension. *Gelsemium* for convulsion with stupor. *Apis* for scanty urine with albumin and other formed elements of kidney diseases. *Mer. corr.*, *terebinth*, *cantharis*, *apocynum*, etc., may be used according to indications. But these cases of toxæmia require something else besides the indicated remedy. The blood must be relieved of the excess of waste material. We must resort to an eliminative line of treatment if we would keep pace with the rapidly accumulating poison and finally expel it at the same time that we prevent its reaccumulation.

When nature is left to herself she often finds a way out of her dilemma by removing the cause, viz., by emptying the uterus. *Tolle causam* is an old maxim in medicine, and it is an exceedingly sensible one. If we could avail ourselves of this advice oftener in our practice we would accomplish more than we do.

In these cases of *toxæmia* we are not justified in resorting at once to premature emptying of the uterus, which is one method of removing the cause. We must try and relieve nature in another way—by the removal of the products of nature's processes—which she herself, under the embarrassing conditions of perverted function, is unable to get rid of. If the kidneys fail other emunctories must be called into play. The bowels and the skin must be made to do extra work. Less nitrogenous food must be supplied to the body. The kidneys themselves may perhaps be stimulated to a moderate degree. The homœopathic remedies may be given as symptoms indicate, but something besides this is demanded by the exigencies of these cases.

A milk diet, if the patient can take it, is a great help. If she cannot take milk, fruits, light soups, white meat of fowl, and bread and milk may be used instead.

The skin may be stimulated by hot packs or baths, diaphoresis promoted and the more freely the better in alarming cases.

A pregnant woman whose kidneys are not excreting a fair amount of solids should, as Winckel advises, be given a hot bath every day, at 100; after which she is to be wrapped in a blanket so as to cause diaphoresis, which should be kept up for two hours. Another method is to place the patient in a bath-tub filled with water, at a temperature beginning at 100, and gradually elevating it to 112, in which she remains half an hour. To retain the heat and prevent congestion of the brain a blanket is placed over the tub, with the face of the patient free above—cold cloths can be placed on the head if necessary. Water should be drunk freely while patient is in the bath.

After removal from the bath the patient is enveloped in thick blankets. The bath may be repeated daily so long as the symptoms are threatening. In one case within the experience of the writer when the toxæmic symptoms were extreme, the patient having had one convulsion, the hot pack was resorted to, but diaphoresis appearing slowly, one-eighth of a grain of pilocarpine was given hypodermically with the result of starting diaphoresis which thereafter continued freely, greatly to the relief of the patient.

The intestinal tract is one of the greatest alternating emunctories of the body and when the kidneys fail, temporary relief may be obtained by producing catharsis. Small doses of *mercurius dulcis*, from one-tenth to one-half a grain, or even one grain, repeated at hourly intervals until six or eight doses have been taken, and then followed by a saline draught, is of great value. Portal and intestinal congestion is relieved; the watery evacuations induced by the

medicines depletes the blood not only of water and salts but also of its noxious ingredients. Following such a course of treatment, the urinary reaction will be increased and an improvement in specific gravity will be noticed.

The patient should be advised to drink as much pure water as possible. To meet the emergency of urinary suppression, the kidneys may be stimulated to increased action by the following: two drachms *each* of the acetate, the citrate and the bicarbonate of potash in eight ounces of the infusion of triticum repens. Of this one tablespoonful may be given once in four to six hours. By pursuing this line of eliminative treatment the danger of toxæmia and convulsions may be averted. I am aware that such treatment may be denounced as non-homœopathic and therefore unjustifiable. But I have seen so many patients drift helplessly and hopelessly into a state of coma, convulsions and death, with no attempt to save them except to give *apis* or *apocynum* or some other remedy of that kind, that I have learned to resort to a rational system of medication to meet the urgent demands of these dangerous cases. If in spite of this rational treatment, the symptoms of toxæmia do not yield permanently, I think we should imitate nature and proceed to empty the uterus by means of an English webbing catheter introduced between the membranes and the uterine wall, or by injections of sterilized glycerine (one and one-half to two ounces), through a catheter, as directed by Filzer and Edgar.

It is better to resort to the induction of premature labor while there is yet time, rather than wait until convulsions are imminent or actually present. Forced delivery under such circumstances becomes one of the most dreadful operations in obstetrics.

A STUDY OF ISOLATED SYMPTOMS OF GELSEMIUM SEMPERVIRENS.

BY ELDRIDGE C. PRICE, M.D., BALTIMORE, MD.

(Read before the Maryland Homœopathic Medical Society, May 16, 1894.)

At the World's Convention of Homœopathic Physicians, in Chicago, last summer, in the course of a conversation relating to the work of the Medical Investigation Club of Baltimore, Dr. Conrad Wesselhoeft suggested to me the idea of publishing the symptoms of some drug which had not been experienced by more than one

experimenter. As a result, therefore, I have undertaken to lay before you symptoms of gelsemium which appear but once in the whole number of records of supposed effects of the drug, which have been included in the *Cyclopædia of Drug Pathogenesis*.

It is, I hope, at this late day, unnecessary to do more than call your attention to the fact that the work of the Investigation Club of this city is based upon the *Cyclopædia of Drug Pathogenesis*, and that the object of this work is to give to the profession drug symptomatologies which are pathogenetically reliable. The method of our work has so frequently been laid before you in the periodical literature of our school, that I will but refer to the fact that all the symptoms of gelsemium not mentioned in this study have been utilized in the synthetic symptomatology of gelsemium. In the synthetic collection no symptom is admitted which has not been experienced by at least two experimenters, while in this collection no symptoms have been experienced by more than one prover. Unlike the synthetic symptomatology, these symptoms are not given for the purpose of suggesting their use in disease, but they are submitted for the purpose of calling attention to the fact that they need verification before they can be regarded as pathogenetically reliable. We have not cast them aside as worthless for future study, but as of no probable value as pathogenetic indications in their present unverified condition.

Here it is that the original day-book of the provers is of value, and here it is that the almost universally omitted health record would be of incalculable assistance. As both are lacking, however, we are compelled to do the best we can without them. In a critical study of isolated symptoms we feel even more keenly the absence of preliminary records of the ordinary health manifestations of the experimenters.

To those who have given this subject little thought, the health record may be regarded as of minor importance, but the fact is that the health record is of *prime* importance. A symptom which has occurred in but one prover during the test of a drug, but which has never before been experienced by that prover, may be of value if we are certain of this fact; but the same symptom is rendered questionable when we are left in doubt whether or not it has before asserted itself in the experimenter's average condition of health. In fact, if we could be sure a given isolated symptom were the effect of the drug under test, it could be accepted as of more value than some of the symptoms which had been reported by two or more of the ex-

perimenters who had kept no health records. For example, "headache," recorded by four out of a total of ten provers without preliminary health record, would be of less value than "pulse irregular, and sometimes intermittent," recorded by one experimenter who had noted carefully his average health manifestations for a proper and reasonable length of time before beginning to test the drug, because headache is far more common with the average human being than is an irregular and intermittent pulse, and the latter symptom, therefore, would more probably be the result of the drug than the former. Consequently, because of this absent health record the isolated symptoms of gelsemium must remain in the limbo of uncertainty until some future tests prove them to be more worthy of consideration as probable drug effects.

I will now call your attention to these questionable details, seriatim, considering the records in the order in which they appear in the *Cyclopædia of Drug Pathogenesis*.

The first record is that of "Joshua Stone, æt. 27, black hair and light skin;" is "strictly temperate" in habits, "using no intoxicating drinks of any kind, coffee, tea, or tobacco." "Subject to occasional attacks of indigestion, and suffers much from cold hands and feet." In other respects he enjoys "a very good degree of health." He used a tincture.

This experimenter has several isolated symptoms to be considered, and the first we will note is a "sensation as of something wanting in epigastric region." We unhesitatingly reject this detail, not only because its verification is not found in any of the twenty-one other records, but because of the statement made by the prover that he is "subject to occasional attacks of indigestion," which suggests that the symptom was more probably due to this peculiarity of the prover than to the drug. The next detail to be noted is, "involuntary seminal emission without erection." There is no evidence of the action of gelsemium upon the sexual system in any other prover, and we should further be certain that this prover had not suffered from this weakness, prior to testing gelsemium, before we are tempted to accept it as an indication for this drug. Dr. Stone notes: "During last night was quite restless." Aside from the absence of this symptom from all the other provers, it is also not congruent with the general weak, sluggish state which is characteristic of gelsemium.

The aggravation symptom, "all pains much aggravated by heat of bed, and are much worse after midnight," must be regarded as another one of the personal deflections from the normal, until further

verification. The same also applies "to pain in the head ; seemed slightly mitigated by shaking head."

The second experimenter, Dr. Henry, of Montgomery, Alabama, also used a tincture. He gave no preliminary detail as to his general condition, and we therefore have nothing to assist us in deciding upon the value of his isolated symptoms.

Several experimenters have pain about the eyes, but Dr. Henry is the only one to speak of "pains of shooting character in frontal sinus extending to eyes and jaws." He also notes that the "pain in eye is of sticking character, extending from centre to angles ;" and he further states that "pain seems to wind around the eye," and that it extends "from bridge of nose to eye ;" also "pains deep in ball of left eye, extending from above downwards." No other prover gives the character or direction of eye pains. "Eyes yellow," is an indefinite statement, as we cannot be sure whether the prover means the sclerotic coat or not. Another unique symptom is, "pains in neck which confine themselves to the upper part of sterno-mastoid muscles, directly behind parotid glands."

No other prover records the character of pain in lower extremities as "paroxysmal," and none other states, "pain in left hip confining itself to the joint."

Prover No. 3, who was "æt. 24, sanguine, nervous temperament," uses a tincture also. His record is short, and furnishes but two isolated symptoms : First, "pains in the limbs all abate while sitting, except the drawing and contracting in the left gastrocnemius." There is nothing in this symptom to tempt us to regard it of more value than the average single symptom, and so we pass it by ; second, "but little inclination to sleep," is not congruent with the established sleep symptoms of gelsemium, and hence it is also discarded.

Record No. 4 contains an indefinite expression, which, though it may mean much to those who at any time experience it, cannot be regarded in the light of a detail to be utilized except in the most general way. The symptom to which I refer is, "aguish feeling." While gelsemium undoubtedly has produced in more than one experimenter details which more or less closely resemble the symptoms of some form of intermittent fever, yet we are here compelled to leave this "aguish feeling" among the questionable single symptoms of gelsemium. Another statement of "mind irritable, impatient," must also be waved aside, because it cannot be considered in any manner congruent with what we know of the unques-

tionable effects of the drug. No. 4 (Dr. Douglass) also reports "dryness of eyes," which is unique. He further reports "fulness and congestion of lids," which may possibly be due to gelsemium, as we find several other records in which the conjunctiva is irritable, and lachrymation prevails, but the detailed symptom is reported by none other besides Dr. Douglass. "Frequent micturition," and "urine clear and watery," are peculiar to this record, though from the legitimate symptom, "urine increased in quantity," which has place in the synthesis of gelsemium, they may be regarded as likely to be verified in some future tests of the drug. The symptoms, "paroxysms of hoarseness" and "voice seems weak," though they are not noted by any other experimenter, may possibly be due to the drug. I have seen gelsemium relieve weakness of the vocal muscles, and these details may be the result of relaxed muscles in the prover, really caused by gelsemium. Dr. Douglass alone records "*shuddering pain* in right breast, and *constrictive pain* around lower part of chest;" these characters of pain being given by no other prover. In addition, no other recorder notes "head symptoms aggravated by smoking," though it is possible that tobacco may aggravate the congestion produced by gelsemium.

Prover No. 5 gives us three symptoms peculiarly his own. They are: "Sensation as if galvanic current were passing down forearms and hands; same also in feet;" "at 2, when lying down, *pulsative pains* in left hand and finger-joints;" and "*pulsative pains* in right foot."

The galvanic current sensation bears no resemblance to any other manifestation of disturbance produced by the drug, and is doubtless due to some other cause. While gelsemium produces pains, yet *pulsative pains* are reported by no other experimenter. We grant the pathogenetic importance of pains, but have not yet enough data to credit gelsemium with this especial character of pains. While other recorders mention pain in the neck and in the back, yet this prover is the only one in whom we find noted "soreness of the trapezius muscle on moving."

Prover No. 6, Dr. John C. Morgan, has a number of symptoms which cannot be reconciled with those of any other experimenter; they cover the schema from Mind to Amelioration. The first is "Wakeful till 1 A.M., with desire to study." This we know to be incongruent with the action of gelsemium upon the mind, so far as the balance of the records are concerned. Another detail is, "Sense of contraction of scalp at centre of forehead," and also, "11.30 P.M.,

intense but transient itching of small points on face at edge of hair at several points;" both of which may be regarded as peculiar to the individual and not probable drug effects. Similarly we have, "In 15 minutes stitch traversing right eyelids vertically," and also, "Digging in right ear all P.M.," which latter is the only ear symptom of any kind noted by any of the twenty-two experimenters. The "sneezing and dull headache" are as likely to have been the result of climatic influence as to have resulted from the drug, as the combination was noted during the month of April, and the climate was that of Philadelphia. A sense of something lodged in œsophagus, "slightly painful while sitting at study," is as likely to have resulted from the condition of the prover's nervous system as from the drug, since he records other nervous symptoms (transient chilliness in upper half of body) while reading excitable (war) news; or it may have been caused by the real lodgment of food in the œsophagus, which, the prover states, was eructated at the same time. Certainly we cannot feel that this is a positive symptom of gelsemium. "Irritation in left testis, and afterwards dragging pain in same, extending to both groins and hypogastrium," which is again recorded, in a somewhat different form, as, "During evening, colicky pains below navel, extending to testes, and caused by flatus—being relieved by its expulsion," have no other proof of their reliability than the statements of the one experimenter. "Insufficient stool at 10 A.M.," and "gastric oppression," are not significant of anything, but "Exciting news caused urging to stool," is more in keeping with the records of other experimenters, though the exciting news may have really been the cause of the detail, and not the drug.

The symptom "Irritation of small spots on mucous surface of prepuce, with surrounding congestion," to judge from the absence of any condition bearing the slightest resemblance in the other twenty-one experimenters, is foreign to the effects of gelsemium. Also, the hot, dry palms, and the "drawing in right calf," are questionable results of the drug. Although pains in the knee have been noted by others, and rheumatic pains have been experienced by another prover, yet Dr. Morgan is the only one to report "rheumatic pain in the right knee when walking." He also reports "Confusion of sight much increased during evening," the time of which must remain to be verified. In his test this prover states that the pain in the right testicle is relieved by the expulsion of flatus, and that the "settled, dull, dragging headache, mainly in occipital,

mastoid and upper cervical region, extending to shoulders," "is relieved while sitting by reclining head and shoulders on a high pillow." The former need not be credited to gelsemium, but the latter may possibly be correct, from the fact that the congestion which is produced by gelsemium may be palliated by giving gravity the opportunity to relieve the head of the superabundant blood contained therein.

In the eighth record of experiments we find a number of single symptoms, the first of which is, "After sleep in evening, light head." While vertigo is quite a prominent detail of gelsemium effects, no other prover notes its occurrence "after sleep in the evening." Pain in region of eyes was noted by several, but "Dull, aching pain in eyeballs, now and then shooting in character, occasionally worse in one ball, sometimes followed and sometimes preceded by headache," are details peculiar to this record only. It is the same with the pupil symptoms, which are stated as "Rapid alternation between dilatation and contraction, without apparent cause, pupils oscillating when exposed to light." Pain in the stomach is reported by several provers, but No. 8 gives the only fine details: "Pain from pyloric end of stomach to axilla and under scapula and down right arm to outer side of forearm, terminating about a hand's breadth from elbow; this passed off after taking food." This was a reflex pain from gastric disturbance, and it is unfortunate that no pathogenetic verifications of the symptom are to be found among the other experimenters. "Right inguinal gland swollen and tender," and "Weak, nauseated feeling in bowels," are additional details which as yet bear no pathogenetic significance. The symptom, "Feeling as if something remained behind after urinating, stream stops and commences again," may be due to the alternating relaxation and contraction of the sphincter, and is possibly in keeping with the oscillating-pupil symptom, to which I have referred as reported in this same record. However, one cannot feel satisfied to accept either until experienced in future drug tests.

"Hacking cough, with feeling as though a drop of liquid had entered the windpipe, with frequent clearing of throat; in eating, food drops into trachea causing strangling." This series of details may possibly be due to the drug; in fact when we recognize that gelsemium causes motor paralysis elsewhere, and also that clinical experience proves it to cure motor paralysis, even of the muscles of deglutition, we are led to believe the symptoms here noted to be the result of the action of gelsemium. Pains in the hands are noted by

other provers, but this is the only record containing, "drawing stitches in dorsum of right hand." "Cramp in instep of right foot," is also unique; and the list is completed by "two little painful spots on each side of umbilicus, extending down into bowels—pain increased by pressure."

Dr. Amos' report gives: "Sore feeling during deglutition about root of tongue and larynx." "Sharp stitches about origin of gluteus maximus (like cramps)." The former symptom is entirely unique, and the latter has nothing more closely related than the drawing, cramping pains in the thigh, which are legitimate gelsemium symptoms.

Among the poisoning cases are also some isolated symptoms. Beginning with No. 2, we find "vomiting." This is congruent with the effect produced upon the stomach of other cases, but in no other did the condition go beyond nausea. "Coldness of the surface" was also recorded of this case.

In poisoning case No. 5, we have "pulse irregular, and sometimes intermittent," and "skin was dry." The pulse symptom, while unlike the circulatory symptoms of any other experimenter, yet cannot be regarded as incongruent with the tendency of the action of gelsemium upon the heart; in fact, I have found similar perturbation of the circulation following diphtheria, cured by gelsemium, and certainly the tendency of the drug to produce weakness and even paralysis of the motory centres, would suggest that this symptom, while not pathogenetically verified, yet may be expected to be amply corroborated in future tests of the drug.

Poisoning case No. 7, records, "dread of application of any fluid to lips was nearly equal to that evinced in hydrophobia," which attempt to imbibe "most intensely aggravated all the distressing symptoms." There is no other pathogenetic evidence of the homœopathicity of gelsemium to hydrophobia, though it has been recommended. However, even our clinical evidence of its usefulness in hydrophobia is so limited that we may speculate as much as we please as to whether the drug acts beneficially because of its homœopathic relationship, or because of its power to relax tissues and sedate nervous irritability.

The 10th toxic case records, "eyes distended," which is so indefinite that it cannot be used, aside from the fact that no other similar symptom is found in the other records. "She could moan, which she did, almost continually," may be due to mental involvement, or it may have been caused by physical pain; but of this we are told nothing definite.

Poisoning case 11 reports, "Breathing stertorous and very imperfect," which might point to brain disturbance. This symptom is congruent with the general sphere of action of gelsemium, and simply awaits future verification to make it pathogetically reliable.

The 13th of these reports records a condition which may be studied together with the hydrophobia expression of the 7th toxic case: Of the victim, it is said that "In about one-half hour he began to complain of choking, and soon arose struggling for breath, pushing his fingers into his throat, as if trying to tear it open." There is nothing, however, sufficiently alike in the expression of the two conditions to make a composite picture.

According to the 15th poisoning case, "There was paralysis of bladder, urine dribbling away constantly." In my mind there is no doubt of the genuineness of this symptom; it is congruent with our knowledge of gelsemium, both pathogenetic and clinical, and we may look for its verification when the next thorough test of this drug is made.

The plan adopted by the Investigation Club of studying symptomatology, has been accused of emasculating the symptomatologies, of depriving them of individuality, by rejecting a sufficient number of important details to produce the crippling effect. On the other hand it is claimed that the rejected symptoms are more probably the expression of individual idiosyncrasy than of drug action, and that it is far better to leave in the original records a few genuine drug effects accompanied by an overwhelming number of spurious symptoms, than to introduce so many unreliable details for the sake of a few symptoms, the most unquestionable of which are really not above suspicion.

In our examination of the isolated symptoms of gelsemium, I think we have shown to the satisfaction of the critical student of materia medica, that very few of the details not included in the synthesis are genuine drug symptoms. I think we are safe in limiting this number to the following:

Frequent micturition. Urine clear and watery. There was paralysis of bladder, urine dribbling away constantly.

Paroxysms of hoarseness. Voice seems weak.

Exciting news caused urging to stool.

Headache, relieved while sitting, by reclining head and shoulders on a high pillow.

Fulness and congestion of lids.

In eating, food drops into trachea, causing strangling.

Vomiting.

Pulse irregular, and sometimes intermittent.

Breathing stertorous and very imperfect.

The foregoing symptoms, I suggest as possibly positive effects of gelsemium, but there is no other way to prove this than through future tests by healthy experimenters. And further, if these details should be pathogenetically verified, they will add really very little to the symptomatology of gelsemium as constructed by the Investigation Club. With them the detailed effects of yellow jasmin would be slightly elaborated; without them the synthetic symptomatology of the drug will stand out boldly and characteristically, the gelsemium we have trusted and the gelsemium we will still continue to trust. Before the Investigation Club synthetized gelsemium we thought we knew its pathogenesis, and we believed we could prescribe it homœopathically with accuracy; since the work, we are sure of our practical, pathogenetic knowledge. The drug has not been emasculated, but for the first time in its history we have at our command the pure pathogenetic symptomatology of gelsemium sempervirens.

HAHNEMANN'S DOCTRINE OF PSORA IN THE TREATMENT OF DISEASE IN CHILDREN.

BY WM. BOERICKE, M.D., SAN FRANCISCO, CAL.

(Read before the American Institute of Homœopathy, Denver, June 16, 1894.)

It was Constantine Hering, I think, who said that whatever Hahnemann brought forward as a fact has been found *to be* a fact, and whatever theory he promulgated remains still a theory and like the Scotch verdict, is not proven. Hahnemann's doctrine of psora includes both facts and theories, and the history of the school shows that while the former are accepted the latter are rejected *in toto* by a large part of his followers and by the rest accepted only as modified by more or less individual interpretation. But it cannot be denied that Hahnemann's *Doctrine of Chronic Diseases* has exerted the greatest possible practical influence on our treatment of disease and has led to the introduction of an entirely new class of remedies and a broader conception and study of our materia medica. My apology for bringing before a gathering of practical physicians a subject savoring so largely of theory is this practical side of it; this alone is its

passport to the general practitioner whose aim should always be to cure radically rather than merely palliate. The facts of the psoric conception are priceless, their recognition is the mark of genius: the theory about the precise nature of psora is of comparatively little importance and may or may not be true. That it is nothing but suppressed itch very few nowadays admit; that, however, suppressed skin affections in a wider sense than what is at present understood by itch is an indubitable factor in the production of many forms of obstinate and occult chronic suffering far removed from local skin manifestation is certainly a frequently observed fact, if not an established truth. Again, it is a fact that most chronic diseases at some time of their history have a skin phase or a discharge from a mucous membrane. The appearance of the morbid state on the skin or mucous membrane shows that it is located on the outskirts of the body, removed as far as possible from the more vital and more truly human parts of the organism. The vital force, in the exercise of its protecting function, has removed the miasm to those tissues and parts where it can do least harm to the life of the organism. Therefore forcing it back into the interior by strong local treatment must necessarily work detrimentally to a radical cure. The readiness with which skin diseases are treated exclusively by local measures, the readiness with which we dry up discharges from mucous surfaces, the immense development of local, mechanical and surgical treatment to the neglect of purely constitutional and internal medication, the increase in all kinds of specialists whose tendency is to suppress local manifestations, has driven the psora within to more vital organs and regions, has led, therefore, to the great increase of incurable chronic maladies that affect mankind. For many of these so-called distinct maladies are but manifestations of this underlying disturbing factor which is the real first cause of most chronic diseases.

It seems to me that the underlying facts pertaining to the psoric theory are undeniable. What are they?

1. In many patients the even and regular course of diseases is from some cause or other within themselves, interfered with.

2. Remedies apparently indicated fail to accomplish what, as a rule and according to the law of similars, they ought to do.

3. Frequently the suppression or disappearance of a skin disease is followed by serious mischief in more vital organs, as asthma or other respiratory troubles after eczema. There seems to be a reciprocal relation between the skin and internal organs.

The principal forms of the psoric manifestation are the tubercular,

scrofular and rachitic diatheses. We are all familiar with these types as they are met with in children.

Often the diseased tendency develops as a sequel to pertussis, measles, grippé, etc., and it is in the treatment of these acute diseases and especially in their convalescence that anti-psoric remedies should be permanent. The scrofulous diathesis is akin pathologically to the tuberculous. Modern pathology recognizes the cause of these two diatheses to the bacillus tuberculosis and acknowledges that cases of tuberculosis recover spontaneously. Why? The fact is that bacilli may indeed find lodgment, for all are tuberculizable under special favoring circumstances, but unless the conditions for their growth and development are favorable by the presence of psora, which prepares for the germs a suitable soil, the growth remains local and tends to heal spontaneously. Anti-psoric treatment changes the soil and secures immunity.

Psora causes a vulnerability of tissue, undermines the tissue resistance to foreign invasion, lessens the germ-destroying property possessed by certain cells, by the white-blood globules, blood serum, etc. Anti-psoric remedies restore this property and thus guard the organism against attacks from without.

One of the most common manifestations of psora, especially in children, is an abnormal course run by acute diseases; they run a masked course, and, apparently, well-chosen remedies fail to act. Diseases will take on sudden, rapid and dangerous development. The proper way to treat these, according to the light of homœopathy, is to select our remedy from the anti-psoric part of the *materia medica* and find the similar here. Frequently, instead of aconite, bryonia, or other polychrest, so constantly employed, it may be sulphur or calcarea or lycopodium, that will correspond not only to the acute form but to the underlying dyscrasic factor. The little patient will then not only recover more quickly, but without the tedious convalescence, and certainly without sequelæ, that are all too common in other methods of treatment. Slow convalescence after specific diseases is always a sign of the psoric influence and a guide for anti-psoric remedies. The child is reduced by the struggle with the illness, the latent tendencies come to the surface, and his recuperative powers are feeble. In short, anæmia, weakness, atrophy, mal-nutrition, are some of the most marked features of the protean character of this psoric diathesis, and it may be said to consist of the "sum of all the biological obstacles which resist, deface, complicate and alter the natural cause of diseases." In this wider sense, as indicating

dyscrasia, the psoric theory is true. Now, no matter how first caused, its greatest evil is that it is made organic and rendered a permanent factor in the human family by hereditary transmission.

It is this fact of heredity and the pollution of the vital fluids that gives it a permanent field for chronic diseases. Heredity influences the soil and favors the development of certain bodily constitutions. And Grauvogl has shown that acute diseases run their course in the track marked out by these bodily constitutions, and probably our remedies do so likewise. That psora may originally have been caused by the suppression of skin disease and by hereditary transmission appear as a polyform pathological fact, finds its analogy in gout, which is recognized as a food diathesis, but which becomes capable of transmission from parent to child, and is prone to receive important modifications in such inheritance.

Every practitioner of experience sooner or later learns, that in order to get a true understanding of the course of diseases in children, the ground, the bodily organization of our little patients, as modified more or less by heredity, must be the special object of our therapeutic measures. Here is the battlefield of the morbidic germs from without combining with the impurities within, and the nature of this soil determines the course and issue of the struggle. Now, the practical part of our doctrine is here: without the anti-psoric remedies we will never succeed in changing the character of this soil, and will most assuredly have to rest satisfied with mere palliation. This is the shortcoming of old-school treatment. It is antibacillary, antiseptic. By inhalation, or subcutaneously, or directly into the local lesion, it seeks to destroy the disease-germs, but it is powerless aside from its influence against secondary infection. The treatment of homœopathy certainly is more rational. Its anti-psoric measures tend to improve the soil, free the system of its miasm, and thus gives little chance for the development of disease-germs. This in conjunction with all sanitary, climatic, hygienic and dietetic measures, all of which work in the same direction, promise the most satisfactory results, and the clinical experience of the school justifies the correctness of our position. My paper becomes a plea, therefore, for the more general use of anti-psorics in the treatment of all diseases, especially in children, where opportunity to modify inherited tendencies is so constantly offered. Given the psoric taint, anti-psoric medication, even of acute diseases, alone promises the best results. A superficial matching of symptoms differs but little in its results from the palliative measures so popular in the old school,

albeit without the ill effects of the latter. Anti-psoric treatment, commencing at the ante-natal period, if possible, is the special field for homœopathy. It gets at the stream at its fountain-head before it has gained its momentum. Here in the eradication of chronic disease and hereditary taints, homœopathy promises to the patient investigator its most brilliant results. Guided by the law of cure and the peculiar Hahnemannian pathology, we can select medicines that can enter the lower strata of evil and perverted life where it becomes organic in the finest fibres and cellular structures, and where it can be eradicated, if at all, only by the delicate dynamic medicines of homœopathy. There is no doubt that such preventive, genuine homœopathic treatment lessens forever the sum total of sickness in the world ; lessens the load mankind has to carry from that source, and tends to make the new generation physically better than the old.

ADDRESS OF THE CHAIRMAN OF THE SECTION OF MATERIA MEDICA
AND THERAPEUTICS.

BY DR. FRANK KRAFT, CLEVELAND, OHIO.

(Read before the American Institute of Homœopathy, Denver, June, 1894.)

THE Section of Materia Medica and Therapeutics has this year selected for its general section topic—“*How to Teach and How to Learn Materia Medica.*” This general topic was divided into five smaller questions in order to make the answers practicable and available for statistical purposes as well ; and these five questions were sent to and responded to by every professor of materia medica in the United States, and answers received from all. So that this Section, for one of its departments, presents the opinions of those intimately associated with the subject of materia medica, and it is hoped and believed that the result of this comparison of ways and means and exchange of materia medica ideas brought about by this association of opinions will result in some betterment of the teaching principle wherever it may be weak or be in need of advancement, and also result in a more uniform system of teaching and learning materia medica. This is “a consummation devoutly to be wished,” as every teacher and preceptor has many times realized.

It would be manifestly unfair to anticipate in this address what the contributors have done towards making this Section the finest of

this session of the Institute. It may, however, be premised that there was never yet such an array of homœopathic talent gathered together in one section as will be found in this department this year. Every known professor of *materia medica* is represented by paper and some in person as well. It will do the general profession good to be present and listen to the papers and discussions of these eminent personages; it will give the general homœopathic profession some idea of what is being taught in all the colleges, and forever dispel the old myth that allopathy is taking the place of homœopathy in the modern homœopathic schools, this old slander having in times gone got some foothold because there has been, in some sort, a fashion of late years, in many of the papers published in the majority of our journals, to deal more largely and generously with surgical and kindred topics than with the plain, every-day ills and ails of life and their cure. It will cause all those to laugh who shall hereafter read lugubrious accounts not alone in the allopathic but sometimes also in homœopathic journals that homœopathy is dying out; that mongrelism is in the saddle.

There are, in addition to those from the teaching corps, papers from our English brethren and coadjutors, the venerable Dudgeon, of London, and his more sprightly young friend and our friend, Richard Hughes, of Brighton. Other English physicians have come to our rescue, and there is likewise a paper by the eminent Dr. Jousset, of Paris. Nor is the consensus of opinions on this question restricted to the teachers; opinions will also be found from other physicians.

Lest the impression obtain that the Section is given over wholly to the discussion of teaching—a sort of teachers' experience meeting—the chairman begs to state that there is another department of the Section filled with wide-awake, general *materia medica* papers not related to teaching, by such well-known members of the Institute as Jabez P. Dake, T. C. Duncan, S. F. Shannon, Howard Crutcher, H. C. Allen, and others; so that every member of the Institute will find it of interest to attend the sessions. Prof. Timothy Field Allen, of New York, will open the Section with an "Introduction to the Study of the Salts of Potash," being a specimen lecture in brief.

Owing to the peculiar arrangement of the Section this year, almost all, if not all, the important information usually found in the Chairman's Address is contained in the reports and answers of the members of the Section. There is, indeed, very little to report in addition. Homœopathic medicine as it relates to *materia medica*—in

reality, homœopathy itself—has made its usual stride to the front. It is not known that it has at any point weakened and broken rank. There have been the customary little side issues to ripple the ordinarily placid surface of the stream; there have been outbreaks of passion here and there among individual men and women; but only in one instance have we learned that homœopathy itself has been abjured and the livery of the enemy assumed. And even this statement is now sought to be discredited. May the denial be true. At all other points the unity of the profession is continuous, and no danger is apprehended from the dying-out process.

In some cities, as in Cleveland, homœopaths are being practically recognized by the better element in the allopathic medical societies. In Missouri, the homœopathic member of the State Board of Health prepares the *materia medica* questions for all applicants for permission to practice in that State. In New York and Pennsylvania equal rights have been granted the homœopath with the allopath. Ohio has accomplished nothing in the way of legislation; her laurels are of the negative kind. The homœopaths of Ohio managed by industry and eternal vigilance to frustrate an infamous allopathic measure that had been carefully worded and persistently championed, but was destroyed by the combined influence of the homœopathic vote. Amity of purpose and interest is declared between the former factions at Cleveland, and homœopathy will soon again rise to its old time supremacy in the city and State.

Reading of current literature gives the hope that *materia medica* of the old, old-fashioned kind—that which treats the patient as a totality and not simply as a nest of isolated symptoms—is coming in, with some of the other old fashions in clothes and furniture; that symptom-hunting *per se* is being relegated to the rear, and the patient is again permitted to come to the front and be examined and treated as Hahnemann treated him. It is gratifying beyond measure to observe the young man and young woman who issues to-day from any of our homœopathic colleges; there is less of the dogmatism and agnosticism of ten or fifteen years ago; while the sparkling and always attractive specialties of surgery and gynæcology and the other equally important adjuncts of a well-rounded, all-around medical man's education still hold their place in his estimation, yet there is found to be less of the whilom indifference to drugs and drug action; there seems to be a more pronounced feeling that there is something in homœopathy, and these young men and women who have been listening to the instructions of the men whose papers are

to be found in this Section, have not failed to profit by their teachings and examples. Alternation to-day, among the newer doctors, is so very rare that it may be said not to exist. The combination of drugs is equally unpopular. The single remedy has been so assiduously taught for the past ten or twelve years, and, perhaps, a little longer, that to-day the young man who alternates or mixes, on being questioned, will promptly admit that he wasn't taught that at college, but had picked it up either before going to school or in some nondescript way adopted it after he got through school. No homœopathic college to-day, so far as your chairman has been able to find out, teaches alternation of remedies; certainly no professor of materia medica does so in his public capacity. If he does so at any other time it is not made public, perhaps because he is not at all proud of his negative accomplishment.

The potency, that usual red-flag, will not be dragged in at this point, nor at any other point in the Sectional work, except in so far as to state that the question, although propounded to the teaching corps, has not been either fully nor satisfactorily answered; indeed, it seems as far from solution as at any former time. This is seriously to be regretted. It will not do to say that this is a question of individual preference. The field is too wide. It is the one weak spot in our practice. More young graduates fall into evil practices because of the insufficient knowledge on this point than from all other accounts added together. Our friends of the other schools have the advantage of us in this. They, at least, tell their graduates what measure of medicine to give. The measure may be wrong, viewed from our standpoint, but it gives the regular practitioner no little credit with his patients, and confidence in himself, while the homœopath is blind and at sea. The argument has been advanced that the doctor will learn what potencies to give as he progresses in his practice; the answer to this is very patent—that the first few hundred who die or are made dangerously ill while the young doctor is learning from experience what potencies are suitable, have rights as well as those who profit by his years of trial and experience. There has been, it seems to us, almost like a needless blurring of the field of vision in running up the attenuations to such almost inconceivable numbers. Good work was done by the master with lower numbers; and a careful re-reading of some of Hahnemann's cures would indicate that they were more scientific, notwithstanding the limited material from which to select his remedies, than our vaunted cures of the present day. It appears to the chairman, that if the teachers and writers would take up this potency question in earnest,

and give it their best thought and study, that it would not be very long ere it would be altogether possible to tell the student how much of aconite to give when he is ready, on the totality of symptoms, to prescribe aconite. The potency question is steadily forging to the front, and must, sooner or later, be met and wrestled with.

In the journals a healthier tone is apparent. The straight, old-fashioned Hahnemannian homœopathy—it seems almost like tautology to put those two words in juxtaposition, but there has been reason in the recent past for making such distinction—is everywhere to be noted and approved in the articles that deal with *materia medica* at all. There have been no new books issued devoted wholly to *materia medica* this year. Several authors of our school have enriched us with excellent works, notably Professors Dr. J. C. Wood (*Gynæcology*), and Edwin M. Hale (*Practice*). Last year two books of great merit were uttered by our school, namely *The Compendium of Materia Medica*, by A. Roger McMichael, M.D., and *The Essentials of Materia Medica*, by W. A. Dewey, M.D., both of New York, and both members of this Section and contributors to its work. Three famous books are in press, and promised at an early date. By a queer coincidence all are on practically the same subject-matter, and by eminent practitioners of Chicago. The first is a republication or newer edition of the prime favorite, *Diseases of Children*, by Professor Dr. T. A. C. Duncan; the second is by Professor and editor Dr. Charles E. Fisher; and the last by Professor Dr. R. N. Tooker. It will be observed, therefore, that the theretofore hiatus in this branch of learning will be well filled.

One other point, in conclusion, and one from which the poor *materia medica* men may derive some comfort, is the very patent fact that, in the far east, beginning as far over as one may care to go, surgery and mechanical work is slowly but surely giving way to the milder sugar pellets; in short, homœopathic *materia medica* is being more diligently studied and applied. The rage for doing brilliant operations may not have died down, but the patients are evidently being educated, up or down, to the medicinal standard again. This is a hopeful sign; when the more scientific schools of our corps who have introduced all the latest inventions of our ancient enemies, still turn out such good medical timber, in a strictly medical sense, it gives the unqualified negation to the pessimistic cry, that scientific education is destroying homœopathy. The evidence is absolutely to the contrary. Homœopathy has no dread of scientific investigation. Homœopathy is, itself, a science, and therefore has no fear of touching elbows with her sister sciences.

CHOLERA INFANTUM.

BY C. H. THOMAS, M.D., CAMBRIDGE, MASS.

(Read before the American Institute of Homœopathy, Denver, June, 1894.)

THIS is a disease which goes hand in hand with warm, sultry weather, especially prevalent during *dog days*, when the atmosphere day and night is surcharged with humidity; and as that period is rapidly approaching, a discussion of symptomatology, dietary, and several well-tried drugs applicable to this affection, is certainly a timely one. Owing to the sudden manifestation and rapid tendency deathward, no opportunity should be lost in bringing all our armament to bear directly upon the morbid process and its causes, exciting or otherwise. Germicides, when used as such, had better be put into a separate class and labelled homicides or infanticides, but when well potentized and clearly indicated, are the remedies most frequently used and the most reliable.

In seeking for the many causes, it is well to keep in mind the source of the milk supply, the character of the food furnished the animals, and their surroundings, its age and absence of so-called milk preservatives, which are in general use among dealers during the summer months; condition of nursing-bottles; utensils and water used in the preparation of food, and the manner in which it is fed to the infant. Many cases can be traced to the fact that the babe is early put to bed with a full bottle and allowed to draw upon the lacteal fount until morning, necessarily feeding on sour milk and the products of fermentation. Near large cities, many of the dairy cows are fed on swill or brewery grains and refuse from produce markets; kept in close quarters poorly lighted and ventilated, with large heaps of excrement piled up immediately under the only inlets for pure and fresh air. It will certainly repay any and all physicians having nursing-bottle fed infants under their care, to devote some of their energies to the location and character of their food supply and not wait until their charges are suddenly taken sick, prevention being vastly superior to cure. I have been obliged by clinical experience to place the most dependence upon *arsenite of copper*, *helleborus nig.*, *colocynthis*, *merc. corr.* and *calcareo phos.*, and believe a majority of cases will respond to these remedies.

The following case will possibly serve to illustrate what the two drugs first named can and did accomplish:

CASE.—Baby, æt. 4 months, light complexion, scrawny, poorly nourished ; was taken with cholera infantum, July, 1893. An allopathic physician being called, ordered all the windows closed, and an application of red pepper, ground cloves and cinnamon, with lard as a base, applied to the abdomen, and injections of laudanum and chalk mixture ; paregoric internally. At the end of the second day, the child was in convulsions, eyes turned up, constant chewing and twitching of the facial muscles, rolling of the head, piercing screams, contractions of the upper and lower extremities, spasms clonic and tonic, almost constant rice-water discharges with a cadaverous odor, and retention of urine. A consultation with an eminent old-school physician resulted in prognosis “fatal within three hours ; everything possible has been done.” In this condition, the patient was turned over to me for what was most probable, *i.e.*, “Certificate of Death.”

The first done was to remove all clothing, thoroughly sponge the little one's body in tepid water, remove all local spicy applications, open all the windows on that floor for fresh air, remove the patient from before a hot fire in the kitchen stove, clearing the room of all but one person, and administering *cuprum ars.*, 6x, every half-hour. To see that these directions were carried out to the letter necessitated my remaining in the sick room from 1 until 6 P.M., but I was well repaid for so doing. After the third exhibition of the remedy, the convulsions ceased, with all the other symptoms substantially improved. Another visit was made at midnight ; child asleep, no discharges since 7 P.M. ; was fed at 8 P.M., on malted milk, and this was the only food used during and after convalescence, and filling all requirements. The next day, there was a slight rolling of the head, four discharges of a dark brown character, and slight retention of urine which was somewhat colored with urates. *Helleborus nig.*, 6x, was exhibited hourly for three hours, then discontinued, as all demand for it had ceased. The next day (third), the child was taken to the seashore in an open carriage, and remained there all day, sleeping quietly most of the time, returning at sunset with the elixir of life manifested in all its glory. The boy still lives, healthy and robust, with every prospect of a bright future, and the family and neighbors firm converts to homœopathy and its possibilities.

GELSEMIUM IN AMBLYOPIA.—Dr. Proell has employed gelsemium 3x, with success, in several cases of amaurotic amblyopia in consequence of sudden cessation of the menses at the climacteric period.—*Allgemeine Homœopathische Zeitung*, Nos. 13-14, 1894.

PSEUDO MEMBRANOUS LARYNGITIS ; ITS MECHANICAL AND MEDICINAL TREATMENT.

BY J. W. MEANS, M.D., TROY, OHIO.

(Read before the American Institute of Homœopathy, Denver, June, 1894.)

BACTERIOLOGISTS claim that all forms of pseudo-membranous laryngitis are of diphtheritic origin, save those resulting from traumatism. While the microscopist may tenaciously adhere to this theory, there will remain in the minds of a large contingent of medical practitioners, clinical demonstrations of the fact that there is a form of membranous croup that is not contagious, and lacks the characteristics that are pathognomonic of diphtheria.

But it is not the province of this article to bring into question the theories of pathologists regarding the ætiology of this formidable lesion, as we are more interested in the treatment of this most fatal disease to which childhood is exposed. Suffice it to say that, in my experience, true croup primarily affects the larynx; diphtheritic croup affects the fauces first, and secondarily affects the larynx; and furthermore, the peculiar fetor of the breath, so characteristic of diphtheria, is wholly wanting in that form of membranous croup which primarily affects the larynx.

Some authorities place the mortality in this dreaded disease as high as 90 per cent., others at 70 to 80 per cent.—despite the voluminous suggestions in the way of treatment by our most noted authors. No disease has had so varied a treatment, and the *materia medica* has been exhausted in the arduous research for a remedy that would meet the pathological condition. My own experience, during the last five years, in the treatment of membranous croup, furnishes me with data from which we can draw conclusions that may be beneficial in the future. The present state of mind of a majority of our own practitioners upon the subject of treatment of this affection is nothing more or less than chaos. It has been wisely said, that the less accurate the knowledge of any malady, the greater the number of remedies that are brought forward as infallibly curative.

Assuming the proposition to be true, the appalling ignorance of the medical profession, as exemplified in this particular, is supreme. Whatever treatment proves successful, let the profession sanction it and adhere to its tenets until replaced by something more in accordance with the developments of clinical experience.

Results are what we are after. Theory goes for naught when ex-

perience proves the contrary. We can philosophize, but unless our philosophy is deduced from the data of human experience, it substantiates nothing. The true philosopher is in search of truth; he is wedded to no theory, but is devoted to truth for truth's sake, and welcomes the light, no matter from whence it comes. Laboratory deductions relative to the management of disease are usually fraught with disappointment and chagrin.

In my limited field of practice, being one of sixteen medical practitioners in a community of about 8000, no one has a superabundance of material with which to demonstrate his methods, all claiming to possess equal skill in the management of disease; consequently, the limited number of cases of a certain disease with which the physician comes in contact does not furnish sufficient experience for the establishment of a positive rule or system of treatment.

During the last few years I have been connected, directly and indirectly, with the treatment of twenty-three cases of pseudo-membranous laryngitis, eighteen of which were distinctively diphtheritic, all having the characteristic symptoms, viz., fetor of breath, visible exudation on fauces and pharynx, general constitutional symptoms. Five were termed non-diphtheritic, non-contagious. No visible membrane or fetor of breath; having developed rapidly, just as spasmodic croup appears.

Seventeen of these cases were intubated, fourteen were diphtheritic and three were non-diphtheritic. Of the fourteen distinctively diphtheritic, eleven proved fatal, nine of which were under four years of age, two were in the seventh year. Of the three cases of that form of membranous croup, until recently regarded as non-contagious, one proved fatal. A mortality of 78 per cent. of diphtheritic and $33\frac{1}{3}$ per cent. of non-diphtheritic. A general recovery of $28\frac{1}{2}$ per cent. of all cases intubated.

The remaining cases were treated medicinally, three by steaming with iodide of lime and three with the mercurial treatment.

In the group of seventeen, all of which were intubated, the treatment from the incipiency of the attack was confined to the indicated remedy, principally *biniodide of mercury*, *kali-bichromicum*, *sang.* and *aconite*. Intubation was performed only as a *dernier ressort*; yet,* to assert positively that the recoveries were wholly due to this mechanical measure is problematical, to say the least. All cases intubated after twenty-four to thirty-six hours of extremely difficult breathing where the lung-tissue had become parched and improper oxygenation was manifest by the blue lips and finger-tips, died within

forty-eight hours. The recoveries occurred among those whose breathing was greatly disturbed, but not suffering from lack of oxygen by impingement of the exudation upon the respiratory tract. One case died suddenly about four o'clock in the morning from asphyxia, after having the tube in position almost five days with no inconvenience whatever, from occlusion of the tube by tough and tenacious mucus having collected during sleep. Early intubation is advisable. Fatalities have occurred, as in the aforementioned case, because the tube was not removed at the proper time. In no case were the remedies discontinued after intubation.

The methods of treatment to which I wish to call your attention particularly, are what the profession generally term the *mercurial and steaming process*. Becoming somewhat enamored by the reports of certain physicians as to their success in membranous croup with mercuries, I had occasion to put into practice that Quixotic procedure which consists in giving calomel in one- or two-grain doses every hour, or until free catharsis ensues, followed by some tonic treatment. You will remember in my statement above but seventeen cases were disposed of, six remain, four of which were diphtheritic and two non-diphtheritic. Three were treated strictly according to the mercurialists' method, and to my chagrin and bewilderment all died. Two were diphtheritic, one non-diphtheritic. To some, this might be considered a coincidence, but to me it was the result of a fallacious theory based upon a laboratory deduction rather than clinical experience. The remaining three cases, aged respectively thirteen months, four and six years, were treated in the following manner: The youngest and oldest of this group were diphtheritic. All had been croupy twenty-four hours before a physician had been called; the disease was well developed. Able counsel in each case fully confirmed the diagnosis. The drugs given in these cases were a combination of kali bich. and biniodide of mercury, 3x trit., a three-grain powder every hour and an occasional dose of aconite.

The child in each case was taken to the kitchen, a large washboiler half-full of water containing clothes and in which was thrown occasionally a teaspoonful of iodide of lime, placed upon a cook stove and kept in at active state of ebullition continuously. Temperature of room maintained as near 90° Fah. as possible—at the same time permitting the entrance of fresh air. By the almost continuous stirring of the clothes in the boiler the atmosphere in the room was thoroughly saturated with moisture. In one instance the procedure was continued for five days and nights before relief came.

These cases all recovered. The addition of iodide of lime as a medicinal agent to the steam is probably a beneficial adjunct. Heat and humidity are the great disintegrating elements. The steam atomizer is not sufficient—every inhalation must be laden with moisture and the only successful method by which this can be accomplished is to place the patient in a room thoroughly saturated with constantly forming steam. It is my candid opinion that a number of cases of membranous croup that were intubated and died could have been saved by the proper medication and the steaming process.

PERIODICITY IN MENTAL PATHOLOGY.

BY SELDEN H. TALCOTT, A.M., M.D., PH.D., MIDDLETOWN, N. Y.

(Read before the American Institute of Homœopathy, Denver, June, 1894.)

THE universe is replete with recurring periods. The beginning of things seems sometimes to be indefinite and uncertain, but the end of every sentence, or season, or formulated development is marked by a period. The consummated creation of the earth is simply a period in the universal evolution. More than this, in every action and activity there is a periodic and rhythmical rise and fall of cumulative force. These regularly recurring affluences and effluences of force constitute the phenomenon known as periodicity. The atmosphere has its periodical changes from heat to cold, and from cold to heat again. Darkness and light are periodic in their appearance, and the seasons have their recurrence of appearance and departure.

Man's life is a succession of characteristic periods, in growth, development, use, and decay. The pulsations of the heart and the inhalations and exhalations of the lungs are the most common evidences of periodic physiological action; but the ebb and flow of the nerve-currents are likewise periodic and regulated by influences which recur as regularly as the ticking of a watch.

We must consider the formal measures of periodicity in every condition of nature whether the object under consideration is the tiny heart of a child, or the whole mass of the earth with its surging tides and enveloping atmospheres; or the star that occupies a thousand years in sending a single palpitating beam of light from itself to the planet upon which we live.

In the realms of disease, the power of periodicity is felt with ever-recurring and far-reaching force. Each succeeding night brings the

periodic pain ; each succeeding week brings the periodic convulsion ; and each succeeding month brings in the life of sickly woman a fateful reminder of original sin. Every springtime brings weariness and exhaustion to the patient sufferer ; and each season that is marked by summer's heat brings back the old-time symptoms of lassitude, and enervation, and exhaustion.

To those who have made a practical study of psychology and of mental pathology, it is clear that not only are the normal actions of the brain governed and influenced and swayed by the force of rhythmical recurrence, but likewise mental aberrations and departures from the normal mental status are characterized by regular or irregular periodicities.

During the past few years we have been forced to observe very frequently, in our every-day experience, the systematic and rhythmical ruttings of mental disease. We have concluded that the physical effects of intermittent fever, and of the disease known as "La Grippe," and of other diseases which have marked intermissions in their occurrences, have transmitted their effects to the nervous system and through it to the human mind until it has become the habit, so to speak, for the disorders of that mind to manifest themselves in periodical exacerbations, or in periodic remissions.

We notice the periodicity of mental disease in melancholia, in mania, in general paresis, and even in profound secondary dementia.

Many cases of melancholia are afflicted with daily aggravations. These may occur most frequently in the morning. Many a victim of mental depression has corroborated in his own experience the despairing sentiment of Cowper who wrote, concerning his own mental state : " I rise each morning like a toad from the slime and ooze of Acheron."

Again, many a timid, tearful soul feels a periodic onset of fear every night as the shadows lengthen, and as the shades of evening deepen into midnight darkness.

The victims of acute mania will often indulge in paroxysmal and periodic outbursts of excitement. The approach of dawn, the culmination of noon-day, or the going down of the sun may stir the mania case into a furor that sometimes lasts for hours, and subsides only when the point of exhaustion has been reached.

The general paretic has his recurring period of excitement each day when the hour for business enterprise arrives, and when, in the ordinary experiences of life, he would naturally project himself into the toils and struggles of the day.

A patient suffering from dementia will sometimes rise to a condition of mental activity when disturbed by some unexpected contact with unpleasant surroundings, or when affected by the act of eating, or the act of relieving the bowels, or the act of menstruation, or any commonly recurring physical experience.

A careful consideration of periodicity in mental disease leads :

1. To a more intelligent understanding of mental disorder.
2. To a better care of the patient ; and
3. To a wiser selection of appropriate medicines for the insane.

When we consider the periodicities of the various forms of insanity, we naturally seek to ascertain the causes of these rhythmical excitements ; and while searching for the causes, as they may be found either in former diseases or present atmospheric or telluric conditions, we come to a better understanding of the nature of the mental disease itself. When we consider the fact that a certain patient is liable to sudden excitement at a given time, either during the spring or fall or winter, or during menstruation, or during the period of bathing or feeding, or each morning, or every other day, then we are naturally inclined to secure and prepare means for protecting the patient against harm while he or she is under the stress and duration of an expected mental hurricane. Understanding these periodicities, we prepare for them, and we watch over the case more carefully at such times, and guard and protect the unfortunate victim from harming either himself or others.

A consideration of the dangers of periodicity leads the thoughtful alienist to bestow upon his patients better nursing, better surroundings and better care than would be accorded by a physician who had given no attention to the phenomena of periodicity.

Again, a consideration of the fact of periodicity in mental disease leads us to a study and application of the appropriate remedies.

The mental symptoms in a given case, as presented to the ordinary observer, might suggest the use of a special group of remedies ; but when, in addition to the common symptomatic indications, we consider the question of rhythmically recurring exaggerations of these symptoms, then we may be led all the more easily to the selection of the appropriate similimum.

Among the remedies which have periodic aggravations may be named : *Arsenicum alb.*, ag. every day, after midnight ; *cinchona*, ag. every other day ; *silicea*, ag. every week and every month ; *aluminum*, ag. new and full moon and alternate days ; *cocculus*, ag. sleeping ; *gelsemium*, ag. change of weather ; *graphitis*, ag. menses ;

hyoseyamus, ag. menses ; kali nitricum, ag. full moon ; nux vom., ag. dry weather ; petroleum, ag. thunder storm ; phosphorus, ag. thunder storm ; pulsatilla, ag. every other evening ; secale, ag. menses ; aconite, ag. night ; actea spicata, ag. evening and alternates to every other evening ; argentum metallicum, ag. noon ; aurum met, ag. morning ; belladonna, ag. hot weather ; cedron, ag. 4 to 6 A.M., 10 to 12 M., 4 to 9 P.M. ; calcarea carb., ag. full moon ; cimicifuga, ag. menses ; chininum sulphuricum, ag. periodically symptoms returning the same hour ; chininum arsenicum, ag. every day or every other day ; aranea diadema, ag. at precisely the same hour each day.

Beyond the periodicities which occur more or less in all forms of insanity, we have what may be considered as the culmination of rhythmical exaggerations in that form known as periodic insanity.

Concerning the nature and effect of those circumstances which lead up to the development of this form, Dr. T. S. Clouston, the brilliant and famous superintendent of the Morning-Side Asylum, near Edinburgh, Scotland, says :

“ Looking at the mental activities of human beings, we find them strongly influenced by the physiological periodicities. What man is there who is not emotionally more elevated or depressed, more active or inactive in mind, at certain times, or at his periods of almost regularly recurring reproductive desire and capacity ? What woman is exactly the same in mind before, during and after menstruation and during pregnancy or lactation ? And the instant we pass from absolutely healthy brains all those periodicities count for more in the mental life, their effect in dulling, elevating and depressing being far greater. There are thousands of sane men and women who are regularly duller in the morning and more lively in the evening, or the reverse, or who are duller in the winter and more elevated in the summer, or who are more irritable—that is, have diminished inhibitory powers—at periodic intervals, or who are subject to “ moods ” and “ tempers ” periodically. There are many persons whose mental life is one long alternation of ‘ action ’ and ‘ reaction, activity and torpor,’ by a natural law of their organization.

“ When we look at diseases of the nervous system other than the mental we find that many of them are often markedly periodic in their symptoms and times of recurrence. I need only instance neuralgia, migraine and, above all, epilepsy, that motor analogue of many mental diseases.”

Periodic insanity, the *folie circulaire* of the French, is the crystallized culmination of all periodic tendencies. It is the development of a form of insanity from a general but finally fixed habit of recurrence at regular intervals, each recurrence constituting a stated crisis of disease.

Hereditary periodism is also a factor in human experience. A woman may become afflicted with periodic sick headaches at the age of twenty years, and her daughter may be attacked with the same affliction at the same age. Similar observations have been noted in cases of consumption and cancer and other deep-seated and far-reaching diseases.

We have endeavored to present in this paper a very brief statement as to the fact of periodicity in mental diseases and as to its significance, and likewise the uses to which a knowledge of the fact may be put.

Every fact, either in the physiological or psychological world, becomes of permanent value according as it is utilized in some practical way. If any suggestions in this paper of the fact of periodicity in mental disease shall become a stimulus to others and an encouragement to further investigation and the discovering of better means for the treatment of the insane, then its object will have been accomplished.

HEART DISEASE IN CHILDREN.

BY WM. W. VAN BAUN, M.D., PHILADELPHIA.

(Read before the New Jersey State Homœopathic Medical Society, Trenton, N. J., May 1, 1894.)

GENERALLY speaking, cardiac disease in childhood does not differ greatly from that of adult life; yet, there are differences that may be reviewed with advantage. In examining an infant the first difficulty met with is the detection of the apex beat; with advancing years this important landmark is easily recognized by touch. The area of præcordial dulness is relatively greater, and unless borne in mind may suggest the existence of hypertrophy. Heart-murmurs, if they exist, are usually wide spread, frequently being transmitted over the entire chest. Irregular rhythm and rapidity of action of heart and pulse in early childhood are of little significance, as slight causes will give rise to both conditions. The normal

heart-sounds are usually less sustained than in adult life, being more on a tic-tac order; if they become thick and laboring, similar to adult life, they are suggestive of the existence of acute Bright's disease.

The rule of Steiner to consider all cases of heart affection under four years of age as congenital is unsafe and misleading. While no one questions that heart disease is much more frequently found after the fourth year, rheumatism must certainly be admitted as an exciting cause, even in the first year of life. Rheumatism is by far the most important exciting cause of heart disease in childhood. Next in importance is chorea. The exact relationship of chorea to heart disease is uncertain, but that the two conditions are frequently associated will readily be admitted. It is seldom in evidence before the fourth year. Of the other causes of heart disease—and they are many—scarlatina stands in characteristic prominence, while diphtheria, typhoid fever, syphilis and pyæmia are each responsible for many cases.

Endocardial difficulties are encountered from foetal life upwards, appearing most frequently from the eighth to eleventh year. They usually attend all rheumatic cases to a greater or less degree. The manifestations of rheumatism in child-life are so variable, and at times so uncertain and masked, that cardiac complications are many times passed by unsuspected, to the great detriment of the after-life of the patient.

Sex has, apparently, a peculiar bearing upon endocarditis; twice as many girls developing the condition as boys. Closer observation, however, shows that boys with rheumatism are just as liable as girls to inflammation of the endocardium, the key to the situation being that girls are twice as susceptible to rheumatism as boys.

The symptoms of endocarditis are unimportant, and it may run its course without attracting attention. The essential feature in considering these cases is the absolute necessity of *expecting* the complication; then, even if præcordial pain, palpitation, dyspnoea, or distress of any kind are absent, the alert suspicion will weigh trivial symptoms, and early recognition, leading to prompt cardiac treatment, will save the patient. Fat, chubby, rheumatic children do not, as a rule, display redness and swelling of their limbs, but careful searching will reveal joint tenderness, and clever questioning of those old enough will bring out indirectly the presence of "leg or growing pains."

A glaring and most unfortunate characteristic of these child cases

is frequent recurrence, following causes in themselves trivial. Embolism, with any of its distressing symptoms, may occur.

Physical signs may or may not be present. If present, they will form the basis of a positive diagnosis. Cases will run their course without developing a murmur. This is especially true in ulcerative conditions. When a bruit does appear, it may be considered of organic origin, as a functional murmur on the infantile side of adolescence is exceptional.

An acute endocarditis appearing in an old valvular case is difficult of diagnosis unless acquainted with the previous history of the case. A marked cardiac enlargement is strong evidence of previous valvular trouble.

Affection of the heart muscle, be it acute, subacute, or chronic, is of frequent occurrence, and should be expected and looked for after every case of typhoid, scarlatina, diphtheria, or small-pox.

Myocarditis, in connection with endocarditis or pericarditis, or if spontaneous and uncomplicated, is seldom suspected, and, as a rule, passes unrecognized. In fact, endocarditis rarely exists without myocarditis.

The early detection of *pericarditis* in childhood, in the majority of cases, is a diagnostic feat of considerable merit. The condition is rarely a primary disease, and it differs but little from that found in adult life. While it may arise from injury or from extension of inflammation from surrounding organs, it usually springs from rheumatism or from one of the infectious diseases. When of rheumatic origin, it may appear before the advent of articular symptoms. In scarlatina it presents itself during the second or third week. A purulent pericarditis has been known to arise from a septicæmic condition at the umbilicus.

The symptoms and physical signs of pericarditis correspond with those in the adult. An effusion may be overlooked owing to the thinness and yielding character of the chest-wall, transmitting readily the apex beat and normal heart sounds, even where fluid is abundant.

A most important duty in this disease will be to differentiate between an extremely dilated heart with feeble impulse and a large pericardial effusion with its poorly transmitted apex beat. Ratch's "fifth right interspace" method of deciding between these conditions is important. In a dilated heart dulness may extend to the right of the sternum in the second and third interspace, and it may appear even in the fifth right interspace. This is exceptional, and absolute

dulness is never found. On the other hand, in pericarditis the effusion, even when in small amount, finds its way into the fifth right interspace and causes absolute dulness. The area of dulness on the left of the sternum in both cases is practically identical.

The effusion of pericarditis in childhood is seldom sufficient to produce suffocation. If cardiac paralysis is endangered by pressure of effusion, paracentesis is called for. The operation is not difficult, as the liquid is usually in quantity to permit the heart ample space to recede in a semi-recumbent position. The point for aspiration is the sixth intercostal space in the mammillary line. The heart itself has been punctured during aspiration without evil result, and some one has set up the claim that the heart can be tampered with with impunity. It will be well not to indulge in too much cardiac optimism of this character.

Chronic Heart Disease with its thickened and distorted valves and occasional vegetations, arises from previous inflammatory endocardial storms. If a pericarditis has existed it may leave its imprint in the form of an adherent pericardium. Hypertrophy is of common occurrence; it is compensatory in character and in childhood it fortunately takes place with rapidity and completeness; if it does not occur there is usually a history of heart strain from sudden violent exertion, or intercurrent troubles have supervened, such as acute diseases, anæmia or impaired general nutrition.

The possibility of *simple dilatation* is ever to be borne in mind, especially whenever there is a history of anæmia or wasting disease.

Heart disease in very young children is pre-eminently a wasting disease; emaciation and pallor being the twin accompaniment. Symptoms are not characteristic nor are they much in evidence, the classic list of ruptured compensation, such as, dyspnoea with sleeplessness, tumultuous palpitation, cardiac distress, cyanosis and dropsy, is rarely found in children under twelve. A short, dry cough, breathlessness on exertion and palpitation, with slowly progressive emaciation is usually all that can be ascertained.

Mitral regurgitation is relatively the most frequently found valvular condition, reaching about ninety per cent. of all cases. Oftentimes there is a marked protrusion of the lower sternum and the fifth and sixth costal cartilages caused by hypertrophy of the left ventricle.

Aortic stenosis comes next in frequency with mitral stenosis a good second.

Aortic regurgitation is the most infrequent, and is nearly always found associated with some other valvular lesion.

Mitral stenosis is almost unknown up to the fifth to eighth year.

The *prognosis* of heart disease in children is filled with difficulties and is probably due to our imperfect knowledge of the ætiological factor.

The evident unwillingness that is cropping out to accept the rheumatic theory as a cause of all heart disease especially where there is no distinct history of rheumatic joint affection, and the increasing protest that the vague "leg pains" are not sufficient to establish the existence of a rheumatic base has naturally stimulated investigation for other causes. Dr. Coley, senior physician to the Hospital for Sick Children, of Newcastle-upon-Tyne, relating his convictions upon this subject, admits that mitral regurgitation is extremely common in children; that there are many cases of heart disease in children which are really rheumatic in origin, even where no history can be obtained of an attack of rheumatism of the joints; and that there are cases in which acute endocarditis or pericarditis is the only manifestation of an attack of acute rheumatism, the joint lesion not appearing. Admitting that these facts serve to explain many cases without joint affections, they do not fit all. The extreme frequency of signs of mitral regurgitation in children, so greatly in excess of what is observed in adult life, calls for a more extended cause than the rheumatic, if the problem of their after-history is to be solved.

The severer cases, which are few, die early, and a certain percentage fail to offer sufficient resistance to the diseases incidental to childhood and succumb; these taken together are few, and do not account for the large number of cases of valvular defect found in childhood. What becomes of the balance? They disappear. The only adequate explanation for these "lost" cases, is the fact that a very large proportion of cases of mitral incompetency observed in children disappear in later life. The probability being that structural alteration of a valve, following endocarditis, is more easily recovered from in childhood than in the period of life beyond adolescence. In this connection it may be cited, that one of the most important causes, and the most frequent, of valvular phenomena observed in childhood, and one deserving far greater attention than it has hitherto received, it being one that is readily recoverable, is regurgitation through the mitral valve produced by simple dilatation of the left ventricle, the structural valvular element remaining intact.

Pericarditis in infancy is usually fatal, and acute pericarditis

and endocarditis during childhood may be fatal if attended with high fever, rapid heart action or lung involvement, especially if the child is restless, is unable to lie down; with disturbed sleep; loss of appetite and vomiting. As a rule, a first attack of either condition is not fatal, but there remains a deplorable tendency to recurrence.

Myocarditis is a frequent and serious complication, endocarditis appearing during the course of septic disease assumes an ulcerative type and is fatal. The early involvement of the aortic valves gives rise to a gloomy expectancy. On the whole the outlook in both conditions is far better than in adult life.

The child with a cardiac lameness has a critical time to pass between the twelfth and seventeenth years. The remarkable development of the heart at puberty is to be regarded as a very important phase in the pathological occurrences at this period of life. The progress of a case up to this period may be very satisfactory and usually it is, but sometimes the whole aspect of the case changes, the compensatory hypertrophy which has hitherto maintained the equipoise between the circulatory system and the balance of the body wavers and becomes imperfect. The child gets anæmic, nutrition is impaired, emaciation sets in, development ceases. The vigor and tone of health is gone; if reaction does not soon supervene and carry the patient to a fair recovery and tolerable existence, the case succumbs to the inevitable.

In the *treatment* of heart disease in children, whether acute or chronic, much is required to be taken into consideration. The selection of a remedy is important, but it is not sufficient. Success demands more. The diet, the hygiene, the nursing, all claim careful supervision. Rest—heart-rest—rest of body and mind is the key to the situation. Rest is a preventative. Rest is curative. But rest is not easily secured. It will tax the ingenuity of all in attendance to the point of distraction. Rest means principally the absence of muscular effort. The attendant is to anticipate all demands and to supply all requirements, to divert the mind, to satisfy the cravings, to relieve suffering and to tend zealously to the personal comfort of these trying little invalids. Fretting, worrying and crying are hurtful, and if continued the child is to be taken gently into the nurse's arms for awhile. The change is often gratifying and quieting. The child in bed should be allowed to select its own position. It can be trusted to settle down into that which is most comfortable. The quieter the heart, the less frequent the number of

heart beats, the greater the likelihood of preventing a chronic cardiac affection and a life of restricted attainments. Feeding is to be accomplished by means of the invalid's cups or the bent tubes, and the bowels and bladder are to be evacuated with the use of bed pan and urinal. As long as the pulse becomes greatly increased in rapidity upon exertion, such as getting out of bed, etc., rest must be continued, even if running into weeks and months.

In cardiac inflammatory conditions the diet should be rigidly fluid, richly nutritious, but non-stimulating. The stomach is never to be taxed with large quantities of fluid, even in chronic conditions. The governing rule should be to divide the necessary daily allowance into small quantities, to be given at frequent intervals—every two to three hours, thus avoiding stomach distention and diaphragmatic pressure from either food or gas. Milk should be the chief article of diet. Whatever is taken must be swallowed slowly. The gulping down of liquids—water, milk, gruels, etc.—is highly objectionable. Sudden absorption means overfilled bloodvessels, increased heart tension and rapidity.

When the time comes for exercise it is difficult to decide upon the amount and character. No standard can be established. The individual element comes in and must be the governing factor. What is beneficial to one is hurtful to another, and what suits a patient one day may do injury the next, so sensitive is the heart and its structures, and so great is the tendency to recurrent attacks of the disease. Gentle exercise of short duration alternating with long periods of rest will be the guiding principle.

The care of the skin demands careful attention, the avoidance of chill being a cardinal point in treatment. The skin must be kept clean. Here, again, the individual factor comes into play. A chilled skin means contracted cutaneous vessels, retarded circulation, choked viscera and an overtaxed heart. A cold general bath, therefore, is always dangerous. In some cases of weakened heart muscles a brief cold sponge-bath of water or alcohol, with rapid friction, is stimulating and beneficial. If the extremities are cold, and cyanosis of the mucous membrane is more or less marked, hot water and friction should be applied. Hot-water bathing, in general, is not to be encouraged, especially if it is debilitating or fatiguing to the patient. The bath will do most good at the temperature that the child evinces comfort and relief. Hot air and high altitudes are detrimental to youthful heart cases.

The medicinal treatment of the inflammatory types of cardiac dis-

ease—pericarditis, endocarditis and myocarditis—where the rheumatic condition prevails, dependence can be placed upon *bryonia*, *colchicum*, *cimicifuga*, *pulsatilla*, *rhys tox.*, *spigelia*, etc. It is fashionable to use salicylate of soda, salicin, salol, etc. Doubtless there are times when they do good, but these agents all tend to weaken the muscular structure of the heart—an end to be avoided—and they are in no sense homœopathic to the case. Aconite and veratrum vir. are useful in pyrexia associated with violent congestion and intense force of circulation. *Phosphorus* is a much-neglected remedy in endocarditis. It is of particular value where the endocardial complication arises during the course of acute rheumatism in rapidly-growing children.

PREVENTION OF SCARLATINAL NEPHRITIS.—Dr. W. H. Flint, in a paper read before the New York Clinical Society, urged that the prophylaxis of scarlatinal nephritis had not yet received the attention it deserves. In addition to seeing that the cutaneous and intestinal secretions were maintained at their normal standard, it was of the utmost importance to combat the tendency to a lessened urinary secretion. For this purpose he advocated a strict adherence to a milk diet for a month after the cessation of fever, but many practical difficulties were found to prevent this from being strictly carried out. He found that his cases could be divided into three groups: (1) Those in which an exclusive milk diet was well tolerated for a whole month; (2) those in which a mixed diet, consisting of milk and solid food, was employed; (3) those in which milk was not tolerated in any quantity, and the diet was necessarily composed chiefly of solid food. In the first group, after the first month, the modified milk diet of the second group was given for a fortnight, and then solid diet was allowed. At the beginning of the fever, peptonised milk was employed where there was any irritability of the stomach; and junket, whey, buttermilk, skim-milk, or koumiss was sometimes administered. If albumin appeared, the patient was put back on a milk diet and kept upon it until the albuminuria had disappeared for two weeks. The second group receive two solid and two or three milk meals daily, the former consisting of clear soups, green vegetables, bread and butter, cream, eggs, fish, oysters, chicken, and (later) a little fresh beef or mutton, roasted, broiled, or boiled. Strict injunctions were given that with each of these meals a liberal amount of beverage must be taken—either hot water with a little milk, very weak tea, or slightly sweetened cocoa. The third class of patients received solid food just enumerated; and special stress was laid upon their taking a liberal allowance of warm drinks at each meal and at bedtime. It was found best to use the various potash and soda salts in turn.—*New York Med. Journ.*

ERUPTIONS FROM THE USE OF THE BROMIDES.—Dr. Szadek states that they only appear after a long use of the drug in elevated doses. It may simulate acne vulgaris, attacking the regions covered with hair chiefly; they vary from the size of a millet seed to that of a hazel nut and they increase progressively, in number. Prolonged use of the bromides gives rise to considerable infiltrations resembling bullæ or vesicles sometimes as large as the palm of one's hand. These eruptions may ulcerate and the bleeding surfaces become covered with a reddish brown crust. The rose-colored appearance of the efflorescences become more pronounced to resemble finally the copper-tinted eruption of syphilis. Diagnosis is difficult. At first, it is easily confounded with acne vulgaris or artificial acne. The localization will usually suffice to distinguish. The bromic eruption is inclined to attack the head and lower extremities. Papulous syphilides and syphilitic acne resemble it as well as the acne of cachectic states. Treatment should consist of cessation of the drug; in mild cases, a lead lotion, a zinc or lead salve and in severe ulcerated forms Unna's carbolated mercurial salve. Internally, arsenic is of benefit.—*Przegląd Chirurgiczny tom. I., Zeszyt. iii., 1894.*

EDITORIAL.

MARRIAGE FOR THE UNSOUND.

THE question as to the dangers of pregnancy and parturition in women suffering from heart disease has been quite widely discussed of late, and there seems to be a general consensus of opinion that the attendant dangers are so great as to warrant the physician in advising against marriage in such cases.

Is this a legitimate deduction from the premises?

In the case of epileptics, and of the tuberculous, and of the constitutionally diseased, it is also argued, and rightly, that means should be used to prevent their propagating "after their kind," and that, therefore, marriage should be forbidden. Again we ask, is this a logical deduction from the premises?

Any one must acknowledge, that in order to be such, a certain other premise must be established in one of two forms, either that children can only be gotten in marriage, which is manifestly absurd, or that the sole and exclusive object of marriage is to get children. If this last is accepted, then the deduction above is correct, and the only way to avoid raising unhealthy, hereditarily unsound children is to forbid marriage.

We see in this age of epidemic legislative mania a tendency developing to go to this length, and we already hear of propositions for the examination of candidates for marriage, and other like ones suggested.

It behooves us as physicians, educators of the people, and humanitarians, to examine this question carefully and without prejudice, to see whether the deduction drawn is warranted. We maintain that the only logical deduction to be drawn is, that there should be no children produced by the physically or mentally unsound; next, that this ought not be made to include *per se* a prohibition of marriage. We believe that the idea of marriage as being mostly for the purpose of "increasing and multiplying" in a sort of regulated, systematized manner—a sort of registered stock-farm arrangement without the careful supervision found in such—should be a thing of the past. We know that this was the original basis of this relation; a natural outgrowth of conditions that originally existed, and that demanded such emphasis of this object as to exclude any other view for a time.

In the higher civilization of the present day the relationship means primarily an association or union of persons of opposite sexes, which should be founded upon intensest affection and a community of tastes and interests, and is designed for mutual help, improvement and development. The natural closeness of the relation may, and usually does, but need not of necessity, in order to make the union perfect, result in the begetting of children. When all conditions are favorable, such a result will be to the advantage of the individuals and of the community, and therefore is to be encouraged; when such conditions are wanting such result is to be discouraged; when possible, prevented. Such result, we say; not the union itself.

Is it just, is it humane, that because of some hereditary taint, perhaps, or of some result of disease, two persons should be deprived of all the benefits and pleasures that can flow from so beautiful an association as exists in marriage?

So-called Platonic affection has been tried and found wanting in the majority of cases. It is unnatural, ephemeral, transitional. Why, then, should marriage not be allowed between those who should be objects of our pity and sympathy, and who are by circumstances, over which they have had no control, perhaps, deprived of many things which might make a solitary life more endurable? Why not simply direct our efforts to the prevention of diseased offspring?

We know that we shall be met with the staple line of argument, which, however, can in no sense be regarded as convincing or even rational.

The first argument, and that which, on account of a specious appearance of being founded on high moral or religious grounds, is most frequently used, and seems, to the one offering it, unanswerable, is the appeal to an over-ruling Providence; a shifting upon it the responsibility of our own free acts. The Lord will provide. It will be as the Lord wills. A very pretty and cheap way of escaping any possible qualms of conscience, and one we find most frequently used by the husbands. We have, however, heard mothers even use the same, although they saw before them their daughters wasting away in body and mind by yearly additions to sickly and poorly-nourished families. Nay, we have even heard it urged by wives with a pathetic self-abnegation, but with a full knowledge that they were in no way capable of doing their duty to their offspring.

Since when is it regarded as an interference with the prerogative of Providence to use our reason to prevent harm resulting from the

exercise of any other function? When was it considered as flying in the face of Providence to cook our food, so that digestion might not be impaired or ruined? What zealot would not be willing to seek to guide the performance of any other function so as to result in the well-being of himself and those about him? Our functions are to be exercised, and our reason is to prevent the results of such exercise from being harmful in any direction.

Another argument is that such a course would tend to the spread of immorality. Take away the fear of consequences, and lust will run riot. It must be remembered that we are referring to conditions under marriage, and that we cannot see that it would in any way tend to lower the estimation in which that relation is at present held. Indeed, we think that our view is the higher, more moral one. We doubt very much whether a fear of consequences was ever effective in raising the standard of morality, although it may have prevented open violations of the same.

In cases lying outside of marriage we would not wish to apply the same arguments at the present time, since for the correct understanding of our standpoint certain other considerations would have to be gone into which limited space does not allow. Another argument, and the last one we will notice, is the one founded upon the question of health. It is maintained by some that such a course, where persisted in, would result in undermining the health and producing all sorts of diseases, and we often hear that the advice has been given to have another child for the cure of certain internal and other troubles. But let any gynæcologist, or even any general practitioner who makes a practice of thoroughly questioning his patients, candidly say whether he has not found more cases of uterine, ovarian and nervo-sexual diseases resulting from the partial performance of this function, with the dread of possible consequences, than from the fearless use of means regarded as effectual to prevent results. With our present views of morality, it is not the wonder that so many women are subject to sexual diseases of the various kinds, but that any escape. Let the teachings of nature be listened to most carefully, and be translated into modern language by our reason, and we will find here, too, that all things will tend to the survival of the fittest.

Let us therefore, we say finally, not advise against marriage, and thereby deprive two persons of all the benefits—physical, mental and moral—that should result from it: but let us so educate our patients that they may recognize their debts to posterity, and know

that their reason has been given them to help them to fulfill this, at the same time that it does not require from them the sacrifice of their own personal happiness. To objectors we say that we know that we are all able to bear with the greatest Christian resignation—the misfortunes of others.

THE DIETETIC TREATMENT OF PHTHISIS.

ATTENTION has recently been called again to this subject by a paper read before the Association of the Bellevue Hospital Alumni, by H. P. Loomis, M.D.

The principal importance of the paper lies in its insistence upon system, and regulated diet. We are too apt to deal in generalities, and think we have done enough when we order nutritious diet, and ask in a general way about the appetite and digestion, unless our attention is called to some special derangement. We have long preached the gospel of fat, and have insisted that the scales are an important instrument of precision for detecting the rate of progress forward or backward, not only in the treatment of this disease, but in the general oversight of our patient. A loss of weight is always a suspicious sign and should arouse our attention at once.

The paper referred to divides consumptives into three distinct classes as regards their digestive powers. 1. Those in whom the digestion and appetite are unaffected.

2. Those in whom gastric disturbance has begun, and those up to the time that the stomach refuses solid food. "During this time septic infection is more or less constant, the fever intermittent, and the loss of flesh gradually progressive."

3. Those who can no longer take solid food without digestive disturbances.

The diet should be made to vary according to these stages. As soon as the disease is recognized, systematic dieting should be commenced and forced feeding (six meals a day) is demanded; meat in large quantities, milk, eggs, and fat should form the main articles, with no restriction on vegetables. Cod liver oil as a food should be taken if possible, and the hypophosphites.

In the second digestive stage the main object is to render the diet palatable and the food should generally be given finely subdivided. Porter or ale with the lunch may be of benefit. Cough mixtures,

on account of the syrups and narcotics they contain, should be avoided. Cod liver oil is particularly useful at this time. Digestive ferments to aid assimilation will have to come into use.

For a catarrhal condition of the intestines, the systematic drinking of a half pint of hot water, before meals will prove beneficial.

In the third stage all we can hope for is to prolong life in as great comfort as possible. The patient should be fed often in small quantities. Artificially digested preparations will now be called for. Stimulants in small quantities frequently (every four hours) repeated, are of great benefit. Any cravings, and they are in some cases frequent and many, should be gratified. Feeding through a stomach tube is applicable in most cases, but will be used only in exceptional ones.

Of all the various methods of treatment of this dread disease, none seems to be so logical, none to hold out such prospects of success if adopted early, as forced feeding. It seems to be more in accord with the clinical observations that failure of digestion and assimilation are the immediate precursors of the more marked symptoms of the disease, and that these latter yield more rapidly to measures and remedies that restore the appetite and increase nutrition, than to any others; an increase in weight being invariably attended with a subsidence of the more serious symptoms of the lung trouble itself.

The long continued immunity of some, predisposed by heredity to phthisis, and their sudden succumbing to its attack after a weakening of their powers of digestion and assimilation from other causes, further confirms the rationale of this mode of treatment, which in its rigidly enforced requirements deserves more general adoption.

WHAT WILL THE HARVEST BE?

THE harvest is already ripening from the seeds of dissension and libel sown by the gentlemen referred to in our May number. Their secession with its accompanying blowing of tin horns, and washing and disinfecting of consciences, has already borne fruit in a crop of notices in allopathic journals, as usual, not altogether complimentary to the homœopathic profession and its schools. How could it be otherwise? We will now await with interest the contributions to allopathic literature (they will be sure to come soon), from the new

converts. No doubt they will, as is usually the case, endeavor to out-Herod Herod. By this sudden break in their affiliations there will be a "loss of continuity" in the mental development of these converts which would be, to us, at least, embarrassing. It would resemble too much so-called "heterogeneous personality" to be altogether comfortable.

If those who are not "of us," though "with us," would simply retire, with dignity and in silence—*noblesse oblige*—what a harvest of respect they would reap from both sides.

RECTAL ALIMENTATION.—Rectal feeding may be carried on by means of a mixture of two eggs, twenty grains of pepsin, ten grains of chloride of sodium, and six ounces of water. This mixture should be slightly warmed, thoroughly agitated, and then gently introduced into the bowel by means of a syringe. To facilitate the entrance of the fluid into the intestines, it is well to put the patient in a position with the hips much elevated above the head, either the knee-chest position or with two or three pillows resting beneath the hips.—*Medical Brief*.

A CASE OF ANILINE POISONING.—The following notes of the symptoms in a case of aniline poisoning were supplied by Mr. T. E. Bowkett: "On Wednesday, December 13, 1893, I was called to see a woman 42 years of age, of alcoholic tendencies. About 1.40 P.M. she had swallowed three ounces of marking ink, the greater part of which consisted of aniline. No immediate symptoms appeared, but after a little while a friend noticed that she looked ill and helped her to bed, and then the patient became rapidly unconscious. At 3 P.M. the lips were of a dark-purple; the general surface of the skin was deadly white, with a slight bluish tinge; the conjunctival reflex was present; the pupils were small, with very sluggish and slight reaction to light; the breathing was slightly stertorous, and the pulse was full and slow, 60 per minute; there was feeble twitching of the muscles of the fingers of both hands. The stomach was thoroughly washed out with several quarts of warm water, ether was injected subcutaneously, and the inhalation of oxygen was tried. The condition improved a little, but the patient never regained consciousness, and died almost exactly twelve hours after the poison was taken." Mr. Bowkett asked the writer to be present at the necropsy, which was postponed till thirty-two hours after death. Rigor mortis was still present; there was no noticeable peculiarity about the color of the corpse, which was that of a well-nourished woman. On opening the brain, fluid blood of an ordinary dark color escaped freely, and a slight excess of fluid within the ventricles was also noticed. The lungs were slightly congested, but otherwise perfectly natural. The heart was relaxed in all its chambers, and they were empty as regards blood, the only noticeable feature in that organ being a very peculiar bluish-green appearance, which was to be very distinctly seen through the visceral pericardium when looking at the surface, but the blood in the vessels of the heart itself showed, in mass, no change of color. There was very slight erosion at the lower end of the œsophagus, but none in the stomach or intestines.

No trace of disease was discoverable in any viscus. Cases of poisoning by aniline are sufficiently rare to warrant placing the above on record. In the absence of vomiting the symptoms were unusual, but the insensibility, deepening into coma and only relieved by death, was in accord with other cases. There were no means at hand for testing the spectrum of the blood, but the peculiar color of the heart suggests that the spectrum would have shown the bands of methæmoglobin usual in such cases, and yields corroboration of the idea that aniline in the blood is changed into some coloring matter.—Dr. Fred. J. Smith, *The Lancet*.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D.,

FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

BACKACHE AND ITS DIAGNOSTIC IMPORTANCE.—Dr. S. Erben states that backache is a symptom which may mean either much or little, and one which tests the capacity of the physician. It may vary both in degree as to location, intensity, extent, etc. It is generally attributed to rheumatism—a common error. Examine carefully for herpes zoster or a projecting spinous process of a vertebra (spondylitis). These excluded, test the temperature; inflammation from disease of some organ or infectious disease—especially small-pox. It is possibly indicative of an incipient pneumonia, pleuritis, pneumothorax or insidious localized pleuritis accompanying tuberculous infiltration of the apex; this is prone to locate between the shoulder blades in young individuals of unhealthy families. Intense backache may be due to neuralgia, wrenching the back or muscular rheumatism with pain on deep breathing and dyspnoea where a respiratory disease may be stimulated. Neuritis of the intercostal nerves may be associated with chronic lung diseases; location from first to sixth vertebrae. Interscapular pain with dysphagia lasting for weeks point to disease of the posterior mediastinum, carcinoma or aneurism of the œsophagus. Affections of the liver, stomach, and intestine and spleen present a not very severe pain in the back from the fifth to the ninth dorsal vertebra; rarely so severe as to prevent movement. Constipation is a frequent cause. Kidney and female genital organs are accompanied with backache. A movable kidney may be the cause of a severe backache and show no other symptom. If it set in with a chronic vesical cystitis the kidneys are attacked (nephritis, pyelonephritis or urinary infiltration). Uterine displacements do not cause actual backache but pain in the sacrum, though in time it gradually ascends into the back to develop spinal irritation. If of long duration a constitutional disease is probably present; chlorosis, anemia, or osteomalacia. In anemia and chlorosis the spinous processes and all bone lying just under the skin are sensitive to pressure. Pain from wrenching or sprain usually affects the lumbar region. Rheumatism may affect joints in the vertebrae and be worse on movement or rubbing. These eliminated, only muscular and nerve diseases remain. Myelitis or myelomeningitis as in syphilis or caries of the vertebrae, pachymeningitis, cervicalis, incipient tabes are possible causes. Myelitis: Backache, paresthesiæ and weakness in the legs, disturbances of the bladder and rectum. Myelomeningitis: Girdle sensation, anesthesiæ and radiating pains in the legs. Cervical pachymeningitis: Backache and stiffness of the back, radiating pains in both arms, paresis or paralysis and atrophy of both arms, twitching and contractures of the fingers. Incipient tabes: Paralysis of pupillary reflex and tendon reflexes, girdle pains. Hysteria has pain between the shoulder blades at angles of the scapulae, one or more spinous processes or whole spines, increased by warm sponge. Spinal irritation and traumatic hysteria (railroad accidents) are accompanied by obstinate backache. These excluded there only remain local processes: Dorso-intercostal neuralgia, muscular rheumatism, neuralgia (left side especially). Muscular rheumatism should be the last though generally the first thought of in such cases.—*Wiener Medizinische Presse*, No. 25, 1894.

THE POSSIBILITIES OF THYROID THERAPY.—In view of the marvellous results obtained from the administration of some preparation of the thyroid gland in one form or another in the treatment of myxœdema and allied affections, it is not at all surprising that a remedy so distinctly useful should be tentatively and experimentally employed in a large number of other conditions, including those in which there is obvious or only possible involvement of the thyroid gland, as well as those in which there is no reason whatever to suspect such involvement. Reports of suc-

cesses must, under these circumstances, be received with judicial skepticism, particularly if not presented by one of established reputation and unassailable character. Doubt and hesitancy vanish, however, in the face of reports made by such a careful observer, conservative thinker, and competent authority as Byron Bramwell, of Edinburgh, who at the last meeting of the British Medical Association reported successful results from the employment of preparations of the thyroid gland in the treatment of psoriasis. Further observations seem but to confirm the earlier conclusions, and to indicate even a still wider field of usefulness for preparations of the thyroid gland. Being aware that cases of myxœdema manifested a predisposition to tuberculosis, and not infrequently died from the intercurrent disease, and reasoning that this association might be due to the absence from the juices and the tissues of the body of the secretion of the thyroid gland, Dr. Bramwell (*British Medical Journal*, No. 1737, p. 786), was led to use of the thyroid extract by internal administration in the treatment of two cases of lupus that came under his observation, and with pronounced benefit. The results in these cases suggested the possibility of the thyroid extract also being useful in other forms of tuberculosis, and as full doses are rather depressing, it would be wise, before employing the remedy in cases of pulmonary tuberculosis, to test the effect of its administration in cases of scrofulous disease of the cervical glands, bones, and joints in which the disease is not sufficiently advanced to demand surgical treatment. Finally the thought is thrown out that by improving the nutritive condition of the cutaneous structures, thyroid extract may prove useful in the treatment of leprosy, and that by increasing the resisting power of the tissues it may also be of service in cases of carcinoma. From the apparently selective action of the thyroid preparations upon the skin and its adnexa we have ourselves thought that good results ought also be obtained by the internal administration or subcutaneous injection of thyroid extract in the treatment of erysipelas.—*Medical News*, May 19, 1894, page 554.

NITROGENOUS DIET AND HOT WATER IN THE TREATMENT OF OBESITY.—Savill gives an account of his treatment of obesity that presents some features of special interest. A man, five feet, ten inches, in height, and weighing two hundred and eighty-four pounds, was admitted to the Paddington Infirmary, to be treated for an ulcer of the leg. He was 68 years of age; was unable to walk, chiefly by reason of his bulk and partly on account of stiffness of the hip-joints, due to morbus coxæ senilis. There was a history of gout, and a suspicion of chronic Bright's disease. Earlier he had been put on the same plan of treatment, about to be described, for obesity and ulcer of the leg. The ulcer had healed and the weight had been reduced, but in a month or two both conditions had returned. Upon his second admission, he was put upon a diet of one pound of cooked fish and one pound of lean cooked meat a day, and a pint of hot water sipped at intervals every two hours. The fish and meat were distributed in meals, according to the taste of the patient, but no bread, vegetables, milk, or any other article of food was allowed. The patient was a person of intelligence, and did everything toward the success of his treatment, managing to drink five or six pints of hot water during the day. Weight decreased steadily. On admission, September 21st, it was two hundred and eighty-four pounds; on October 2d, two hundred and seventy-four pounds; November 18th, two hundred and fifty-six; and on December 4th, two hundred and forty-six and a half. At Christmas there was some latitude given in diet, and the result was a prompt addition to his weight of seven pounds; but by January 15th weight was reduced to two hundred and thirty-nine pounds. After four months' treatment the diet was modified by the addition of two small slices of bread and butter at breakfast and supper, and milk and sugar in his tea night and morning. On February 7th he returned to ordinary meat diet, such as other patients had, with the exception of potatoes. He then weighed two hundred and thirty-four and a half pounds. Weight increased slightly for a time on resuming ordinary diet, but on March 21st, when the patient left, he weighed two hundred and thirty and a half pounds, having lost over fifty pounds in six months. The ulcer healed within four weeks of his admission, and the pain and stiffness soon disappeared, permitting as much walking as the space of the ward would allow. Weight remained the same (two hundred and thirty and a half), the man now being on ordinary diet, but drinking no beer. His health is excellent. The treatment is something like that adopted by Marienbad. The *rationale* is apparently that the patient lives upon his own fat, supplying from his own economy the necessary hydrocarbons and carbohydrates which are absent from the diet.—*Lancet*.

EXPERIMENTAL ANÆSTHESIA AT SEA.—An anxious experience of the anæsthetic action of the vapor of paraffin is reported to have occurred on board the oil-tank steamship *Kasbek*, while on her voyage from Batoum to London, freighted with paraffin oil. A leakage was discovered, which was found to be seriously on the increase. At length it became necessary to put a stop to the leak, but this was attended with no ordinary danger, as the hold was now full of an explosive vapor, and could not be approached by artificial light. Subsequently this difficulty was overcome by throwing the reflected daylight, by the aid of a mirror into the hold. By this means the position of the leak was discovered, but the men could not remain long enough to repair the same in consequence of the asphyxiating effect of the accumulated gaseous vapor. Ropes were now made fast around the bodies of the more adventurous of the crew, and when they were no longer able to proceed with their work they were quickly hauled up. Some of them on reaching the fresh air, appeared to be in a state of intoxication; while others were in a laughing or crying mood. The captain had himself lowered, not only to determine the extent of the leakage, but to ascertain the condition of things. He was down but a very few minutes, when he was drawn up to the deck in an unconscious condition, from which he did not perfectly recover for several hours. At first sight it will appear that the breathing of the accumulated vapor of paraffin resembled that of nitrous oxide gas. —*Ibid.*

DIAGNOSIS OF COLIC DUE TO PANCREATIC CALCULI.—Dr. M. Holzmann reports an interesting case from Prof. Eichhorst's clinic, in Zurich, where the colic was definitely relieved by subcutaneous injections of pilocarpine. The patient expectorated large quantities of saliva. He actually suffered from a sialorrhœa; pain in the left hypochondrium, which was localized in a small spot, which could be easily covered with the closed fist; fever was also present, and the urine contained sugar. The pain came on in colicky attacks of great intensity. It first appeared suddenly without any previous or premonitory symptoms, and lasted from four in the afternoon until the next morning. For four days he was free from pain and abnormal symptoms, when the symptoms reappeared. On the fifth day, two abortive attacks. The seventh day, a violent attack; morphine gave no relief. For three days, free from pain again; then a violent attack. Received one-half gramme of a 1 per cent. solution of pilocarpine hypodermically. Fever of moderate intensity set in, and the colicky pain did not return after treatment by pilocarpine. At first one-half and later one gramme a day of the 1 per cent. solution was given hypodermically.—*Muenchener Medicinische Wochenschrift*, No. 20, 1894.

IODIDE OF POTASH IN CHRONIC URTICARIA.—Dr. Stern, proceeding from the fact that urticaria is quite frequent in asthmatics who are often helped by this iodide, tried it in pure cases of chronic urticaria uncomplicated by asthma. Thus he has treated with success four cases which had been unaffected by ordinary (old-school) remedies; the fifth was an acute case of a few days' duration. None of these were syphilitic. All were cured rapidly by the administration of a solution of the iodide of potash in the proportions of 2.50 grammes to 100 grammes of the vehicle, in doses of three soup-spoonsful per diem. In one of the four cases the atrocious pruritus disappeared on the second day of treatment, and a complete cure was obtained after ingestion of 10 grammes, $\frac{5}{16}$ ss., of the iodide. In two very inveterate cases of two years and a half and six years' duration respectively, the effects were similar, and a cure followed after the administration of 25 and 75 grammes respectively. Finally, in two other cases, one of acute urticaria and the other chronic and recurrent, of three years' duration, the drug increased the pruritus, though this was but transitory, and 5 grammes were sufficient to obtain a cure. Wilson has also reported a chronic case cured with this remedy.—*Revista de Ciencias Médicas de Barcelona*, No. 9, 1894.

CANCER ORIS IN TYPHOID FEVER.—Boy, 14 years old, was attacked very severely by typhoid fever. On the forty first day of the disease a black patch was noticed inside the right cheek, and two days later another was observed inside the left cheek. The latter soon healed, but the former was accompanied by much hardness and swelling of the cheek, and increased until it involved the skin. Then the gangrene ceased to spread and the slough rapidly separated. The boy during this process was very weak, but was given large quantities of nourishment and stimulants—twelve ounces of whiskey every twenty-four hours for ten days—and seemed to derive much benefit therefrom. The slough was very large, and when

it came away left an opening through the cheek of the size of a shilling, and a large cavity inside the cheek, extending from near the angle of the lips to the ascending ramus of the jaw. The boy, however, made a good recovery, and the opening through the cheek closed completely in about six weeks. No contraction has yet occurred in the tissues. The stench, which was very bad, was most successfully kept down by the local application of creolin and of eucalyptus oil.—*Dublin Jour. of Med. Sci.*, May, 1894.

ELECTRICITY FOR GOITRE.—Dr. J. L. Howard prints a paper in the *American Practitioner and News* advocating the use of iodine carried into the gland by the electric current. "Painting the swelling with iodine," he says, "does little else but discolor or blister the skin. The injection of iodine into the gland is dangerous, but by the use of the galvanic current in carrying it directly into the substance of the gland, we have a treatment absolutely harmless, free from pain, theoretically scientific, and practically effectual." "It has been demonstrated by a simple test that iodine is actually driven through the tissues by an electric current. If the positive pole of a galvanic battery saturated with an iodine solution is placed on one part of the body, and the negative electrode containing starch is applied some distance away, the blue reaction of the iodine upon the starch is obtained as soon as the current is closed." In eighteen months this treatment has been applied to sixteen cases. Five—all improving—were still under treatment, seven had been discharged cured, four were lost sight of.

TUBERCULOUS PLEURISY.—J. H. Musser (*Internat. Med. Mag.*) contributes notes on six cases of tuberculous pleurisy. Some of the modes of onset are given: 1. By a series of acute attacks. 2. Acute bilateral pleurisy with effusion. 3. It may develop insidiously or secondary to general tuberculosis. He distinguishes tuberculous pleurisy from pulmonary tuberculosis by the amount of pleuro-pneumonic invasion, by the age, absence of extreme hectic and extreme emaciation, by the sputum and absence of bacilli, by the unproductive cough, extreme chest pain and chest deformity. The writer considers that "It is always cheering to make out a tuberculous pleurisy when in the midst of much pulmonary tuberculosis. First, the probability of a cure is very much greater than in other forms of tuberculosis. Second, a partial cure can be promised in many cases. Then the progress is slow, and hence the duration of life much greater than in pulmonary tuberculosis. The symptoms of the terminal stage are, however, more distressing. The dyspnoea, the breast pang and chest constriction, the internal sensations of dragging or pulling, as upon organs, are agonizing to witness. The harassing cough is most weakening to the patient. Tuberculous peritonitis, of the sluggish type, adds to the severity of the terminal symptoms."

STRYCHNINE AS A NARCOTIC ANTIDOTE.—Dr. Washburn reports the successful use of strychnine in a case of chloroform narcosis. The patient confessed that he had swallowed two ounces of Squibb's chloroform with suicidal intent. When seen, the patient was in a state of coma. "His eyes were upturned, and the dilated pupils did not react to light; his respirations were exceedingly shallow, irregular, and scarcely perceptible, and he had the weak, uncertain, irregular pulse of a dying man." Treatment was commenced by the hypodermic injection of one-twentieth grain of strychnine; and then, for a short time, artificial respiration was practiced. Within a few minutes, there was a remarkable change in the whole aspect of the case, not only in the appearance of his countenance, but in the character of his pulse and respiration. "The respirations soon became so deep, regular and vigorous, that I was enabled to reach the conclusion that the man was suffering from chloroform narcosis; the odor of his breath indicated what he had swallowed. One subsequent injection of one-sixtieth of a grain of strychnine was given about half an hour after the first;" and an hour afterward the patient told of his attempted suicide. The therapeutic antagonism of chloroform and strychnine has not been sufficiently impressed on the medical mind. It is true, that in cases of strychnine poisoning, chloroform is quickly resorted to; but, in chloroform narcosis, we seldom read of the hypodermic use of strychnine. To this neglect of a very powerful drug, the properties of which are well known, and the antidotal value of which in chloroform poisoning has been recognized, may be ascribed the loss of many lives. In 1830, Dr. Nicholson proved its value in chloroform narcosis (*South. M. Rec.*, vol. x.); and among the antidotes to chloroform and ether narcosis, strychnine is included in "Anæsthetics, Ancient and Modern."—*Therapeutic Gazette*.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D.

TREATMENT OF INOPERABLE MALIGNANT TUMORS WITH THE TOXINES OF Erysipelas AND THE Bacillus Prodigiosus.—Coley (New York) has treated, since December, 1892, 35 cases of inoperable tumors with the above toxic products. Of these 35 cases, 24 were sarcoma, 8 carcinoma, 3 either sarcoma or carcinoma. In a previous paper 10 other cases were reported, these having been treated by repeated injections of living cultures of the streptococcus erysipelas. The experiments of Roger upon rabbits having proved that the bacillus prodigiosus has the power of intensifying the virulence of the erysipelas streptococcus, it was determined to try the effect of a combination of the toxins of the two germs upon sarcoma. Experiments with the combined toxins have proved that the antagonistic and curative action of the erysipelas is greatly enhanced by the prodigiosus. The injections in some cases (carcinoma) were made for the greater part of a year, and in exceptional instances were given daily. The doses given varied between 0.5 c.c. and 1.5 c.c. of the erysipelas, and 0.2 c.c. and 0.3 c.c. of the prodigiosus. In but very few cases was an attack of erysipelas precipitated, and where an actual outbreak of the disease did occur the effect upon the tumor was less apparent than where only transient reactionary symptoms ensued. The latter consisted of all the general symptoms of an attack of erysipelas, e.g., nausea, vomiting, headache, malaise, and high temperature, but usually disappearing within twenty-four hours. In some cases there was necrobiosis and discharge, in others diminution by absorption without breaking down, and in almost every case there were signs of retrograde action. These changes were always much more marked in sarcoma than in carcinoma. Osteosarcomata were found the least susceptible to the influence of the toxins. Only one case of melanotic sarcoma (multiple recurrent) is reported, and that is still under treatment. The toxins evidently have a controlling effect upon it, yet it is doubtful that they will prove curative.

The writer feels warranted in concluding as follows:

1. The curative action of erysipelas upon malignant tumors is an established fact.
2. This action is much more powerful in sarcoma than in carcinoma.
3. This action is chiefly due to the toxins of the erysipelas streptococcus, which may be isolated and used with safety.
4. This action is greatly increased by the addition of the toxins of bacillus prodigiosus.
5. The toxins to be of value should come from virulent cultures and should be freshly prepared.—*American Journal of the Medical Sciences.*

TREPHINING FOR HEADACHE.—At a meeting of the New York County Medical Association, Hawkes presented a patient, a young man, whom he had trephined for persistent localized headache. In Starr's recent work on *Brain Surgery* it is stated that this operation has been performed but twice for the purpose in question, once in London, and once in New York, by Weir. From early boyhood this patient had suffered intolerably from frontal headache, and though he had consulted a large number of physicians, every remedy that had been tried had utterly failed to give him relief. Thinking that the trouble might possibly be due to eye-strain, he was first sent to Knapp, who found that there was no difficulty of this kind. On making an examination of the head the only abnormality that could be detected was a slight indentation of the bone in the right frontal region. As a last resort it was determined to trephine at this spot, and on June 30, 1892, a button of bone, about two-thirds of an inch in diameter was removed under strict antiseptic precautions. It was found that in the location named there was a depression of the inner table of the cranial bone, making pressure upon the brain substance. The button removed was exhibited to the Association. From the time of the operation there had been complete relief from the headache, and as two years had now elapsed, the cure could be pronounced permanent.—*Boston Medical and Surgical Journal.*

RECURRENT APPENDICITIS TREATED BY OPERATION IN THE QUIESCENT PERIOD.—Robson (London) states clearly what is meant by appendicitis. He con-

siders the appendix vermiformis to be a thick hollow tube of adenoid tissue resembling the tonsils in structure, lined on its inner surface by a layer of epithelium, and covered on its outer by a muscular tube and a peritoneal investment. The continuity of the tube with the intestine, always containing septic material; the thin layer of epithelium alone, guarding the tonsil-like tissue from infection; the narrow lumen of the tube, easily blocked by the swollen lymphoid tissue; the muscular layer, readily excited to severe and painful spasm; and the thin peritoneal investment, part of the general peritoneal cavity constitute an anatomical series which may not unaptly be termed a veritable death-trap, when from any local cause, whether in the shape of injury or disease, the protecting epithelium becomes displaced, allowing bacterial invasion of the lymphoid tissue and producing an infective inflammation which is known as "appendicitis," which may be acute, sub-acute, or chronic, the last mentioned being the form that usually furnishes the cases of recurrent appendicitis. This infective appendical inflammation may pursue one of several courses, or several courses together, and among these the author mentions the following:

1. Local adhesive peritonitis by direct irritation of the peritoneal envelope, leading to adhesions of the appendix to neighboring parts.

2. Abscess, either subperitoneal, due to lymphatic infection, or within the tube, due to ulceration of mucous membrane, the lumen of the tube having become blocked. The abscess, once formed, may burrow between the layers of the mesentery of the tube, forming an extra-peritoneal abscess; or if poured out through the peritoneal coat of the appendix it may be limited by the adhesion of neighboring coils of intestine, or may burst into contiguous viscera if adhesions have occurred, producing cystitis, nephritis, etc., according to its course, or may lead to a chronic septicæmia; or it may rupture into the general peritoneal cavity, producing perforative general peritonitis.

3. Inflammation may extend along the lymph channels to the cæcum, producing a true typhlitis or perityphlitis, which may or may not end in suppuration.

4. Infections thrombosis of the vessels, if of the single artery, leading to gangrene of the appendix and acute peritonitis; if of the veins, leading to septicæmia or pyæmia, or possibly to abscess of the liver.

5. General peritonitis by direct extension without perforation, producing paralysis of bowel and symptoms of acute intestinal obstruction.

6. Violent colic, due to the irritation of the muscular coat and its violent contractions to try to force the contents of the tube, whether fecal or other concretion, or pus, or mucus, through the contracted orifice into the cæcum.

7. Stricture, due to the healing of an ulcer and accumulation of mucus in the distal end of the tube, producing periodical attacks of colic.

Cases are cited and the clinical report limited to an operation performed between attacks. In such cases there are clearly three courses which may be pursued:

1. Non-operative, trusting to rest and diet, with opium if required, in order to bring about resolution in the hope that the existing attack may be the last.

2. Operation on the second or third day of a seizure as advised by Dennis and other American surgeons who discourage the removal of the appendix between the attacks on the chance that there may be no recurrence.

3. Operation in the quiescent period, between the attacks.

The reasons for operating between attacks are:

1. Because the patient is likely to be in the best possible condition.

2. Because there is less likelihood of there being an extensive collection of inflammatory products in or in the neighborhood of the appendix, and therefore there will be less danger of soiling the general peritoneal cavity and less fear of general peritonitis.

3. An operation in the quiescent period seldom requires drainage, and therefore the wound can be made secure, and there will be less likelihood of hernia following operation; and

4. The appendix can be dealt with in a more satisfactory manner than when it is acutely inflamed and hidden by greatly distended intestines.

In deciding on the line of treatment, whether medical or surgical, the patient should have matters fully explained to him, the dangers of recurring attacks, with the sufferings and inconveniences, being balanced against the risk of operative interference and the results gained by operation; therefore, in all these cases the co-operation of physician and surgeon should be urged so that, if possible, the opinion given may be free from bias.—*London Lancet*.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D.

AN IDEAL NAPKIN FOR THE PUERPERAL WOMAN.—The great importance of having an aseptic, soft and highly absorptive dressing to take up the lochial discharge which escapes during the lying-in period cannot be overrated.

While visiting London in 1887 in search of novelties in the way of instruments and dressings, I came across a material called "Gangee lint," which consisted of absorbent cotton sheathed in cheese cloth. It seemed to be an ideal dressing, and promised better drainage than any other. The cost, moreover, was in its favor; for the trifling sum of 75 cents ninety-six napkins could be made. The cotton, when bought in one pound packages, cost 45 cents; before using it should be unrolled and thoroughly baked. The cheese cloth cost 5 cents a yard, of which about six yards were required.

My habit has been to bake the cotton; then cut a square from the cheese cloth, nine by nine inches, fold this over, making it four and a half inches wide; cut a piece of absorbent cotton just this size (four and a half by nine inches), and place it between the folds of the cloth. In this manner is prepared in the simplest possible way a compress which is readily applied and needs nothing to hold it in place.

It is not advisable to make all the compresses at the same time, nor should they be kept exposed in any number in the lying-in chamber, lest they become covered with dust or other septic particles. The compresses when soiled to any extent should be removed and immediately burned.—Barker, *Journal of Obstetrics*, April, 1894.

ACUTE PUERPERAL CELLULITIS AND TRUE PELVIC ABSCESS.—Dr. Noble after citing a number of cases to confirm his statements, comes to the following conclusions:

1. That in the puerperal state pelvic cellulitis and true pelvic abscess occur as the result of septic inflammation.
2. That inflammation may spread from the vagina or uterus along the pelvic lymphatics to the broad ligaments without involving the Fallopian tubes.
3. That peritonitis can be set up by the spread of inflammation from the broad ligaments to the peritonæum without involvement of the Fallopian tubes.
4. That very extensive pelvic exudate and intra-peritoneal adhesions can be absorbed.—Noble, *Journal of Obstetrics*, April, 1894.

GROFFORD'S EXPERIENCE WITH TUBERCULAR PERITONITIS.—*Conclusions.*
—1. Tubercular peritonitis is an operable disease.

2. The immediate danger from the operation is not materially influenced by the character of the inflammation.

3. An early operation is of greatest value

4. The chronic or slowly progressing variety offers the best indications for surgical interference.

5. When the primary deposit is in the tubes, which Winckel declares to be in 50 per cent. of the cases, an early salpingectomy will cure the disease.

6. Operation later in the disease will often prolong life and possibly cure.—*Journal of Obstetrics*, April, 1894.

EXAMINATION OF FEMALE BLADDER AND CATHETERIZATION OF UTERUS.—A new method.—The following instruments and accessories are required for the examination: female catheter, a series of urethral dilators, a series of specula with obturators, common head mirror and a lamp, long delicate mouse-toothed forceps, suction apparatus for completely emptying the bladder, urethral searcher, urethral catheter without a handle, several bran bags or an inclined plane for elevating the pelvis.

The bladder is first emptied as completely as possible with the catheter. A dilator is then passed through the urethra by holding the handle at first well above the level of the external meatus, upon which the point rests, and carrying the dilator on through the urethra and into the bladder by a gentle sweeping curve of the hand downward and inward toward the urethra. As soon as a dilatation of from twelve to fifteen millimeters is reached a speculum of the same diameter as the last dilator is introduced and its obturator removed.

The hips of the patient are now elevated on the cushion (8 to 12 inches) above the level of the table.

The examiner now puts on the head mirror and prepares to inspect the bladder. An electric drop light, an Argand burner, a lamp or a candle in a dark room is held close to the patient's symphysis pubis, so that the light can be easily caught by the head mirror and reflected into the bladder. By elevating the handle of the speculum the field of vision sweeps over the base of the bladder until, in some cases, the region of the intermetric ligament comes into view. By turning the speculum thirty degrees and looking sharply a urethral orifice is discovered and can be easily catheterized.—Kelly, *Journal of Obstetrics*.

LESIONS OF THE CENTRAL ORGANS IN LABOR AS CAUSES OF MELÆNA NEONATORUM.—F. V. Freuschen has studied this subject and finds that Schiff, in 1845, had showed experimentally that certain injuries to the brain were followed by softening and hæmorrhage in the mucous membrane of the stomach. He reports a case of instrumental delivery after a tedious labor, after which the child cried and appeared perfectly well, but on the second day vomited blood, had bloody stools and died that evening. The post-mortem showed hæmorrhagic erosions of the mucous membrane of the stomach, hæmorrhagic infarcts of the lungs and a rather extensive extravasation of blood under the tentorium on the right hemisphere of the cerebellum. There were no injuries to the skull. Experiments were undertaken which demonstrated that with unilateral lesions of the ala cinera, of the crura cerebelli ad pontum et ad corpora quadrigemina, there were almost invariably hæmorrhages in the mucous membrane of the stomach which corresponded exactly with the post-mortem conditions of the stomach found in the child which had died from melæna.

A second case of melæna was observed in which the post-mortem revealed the presence of an intra-cranial extravasation of blood on the cerebral hemisphere. A series of experiments on rabbits by the injection of chromic acid through a hypodermic needle into the brain showed within a few hours hæmorrhagic infarcts in lungs, stomach or duodenum. Similar results were obtained, though not so pronounced, by using compressed sponge, laminaria or melted paraffine in the brain.—*Centralblatt für Gynäkologie*, No. 9, 1894.

ON THE RELATIONS BETWEEN DISEASES OF THE GENITAL ORGANS OF WOMEN AND DISEASES OF THE STOMACH.—Frank concludes that the latter do not consist of severe organic changes and belong for the most part to the domain of nervous dyspepsia. He examined by exact methods the stomach and stomach contents in suitable cases. The chief functions of the stomach, secretions of hydrochloric acid, digestive power and mobility, were tested. The secretive and digestive functions were normal in 73.3 per cent. of the cases. The mobility of the stomach was diminished in a remarkably large number of cases. This condition is in accord with the inhibition of intestinal peristalsis so often found in women suffering from genital diseases.—*Centralblatt für Gynäkologie*, No. 18, 1894.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

CONDUCTED BY

CHAS. M. THOMAS, M.D.

SOZOIODOL IN AURAL AND NASAL AFFECTIONS.—According to Dr. Max Teichmann, of Berlin, the various combinations of soziodol with metallic bases are very useful in many forms of ear and nose disease. In aural affections he uses the potassium compound pure in the form of powder: this dries up the copious secretion produced by inflammation of the external auditory meatus as well as the pus formed in the middle ear in otitis media, but he only employs it for the latter purpose when there is an opening of considerable size in the membrana tympani. Again, after the removal of a polypus the application of potassium soziodol is an excellent method of preventing a recurrence. In peculiarly sensitive patients the sodium salt, which is milder in its action, may be substituted. Mercury soziodol is very useful in obstinate cases of eczema of the nares. It may be used in the form

of ointment made with lanolin, and containing 1 to 2 per cent. of the mercury *soziodol*. The zinc preparation may also be used for this purpose. In chronic rhinitis, both in the simple as well as in the hypertrophic form, potassium *soziodol* may be used as a powder; in the pseudo-membranous form the zinc salt is very efficacious applied in the form of powder to the surface immediately after the membrane has been removed. A similar application of this powder has been tried with success in pharyngeal diphtheria. In atrophic rhinitis these substances are too irritating. The zinc salt has been successfully employed in various syphilitic affections, and also after various operations on the nose and throat, where it is a good substitute for iodoform.—*The Lancet*, June 23, 1894.

SOME POINTS IN THE HISTOLOGY OF TRACHOMA.—Mr. N. C. Ridley has obtained specimens of conjunctiva from cases of trachoma, follicular conjunctivitis and from normal eyes. In the normal conjunctiva the epithelium on the globe and lids was stratified, and in the fornices consisted of two or three rows of columnar cells, with goblet cells; there was a variable amount of lymphoid tissue in the sub-conjunctival layer. This lymphoid tissue by physiologists, was found beneath all mucous membranes; it increased in amount when more work was thrown on it, and was evidence of the reaction of the organism to the attacks of deleterious agents. In trachoma this increase took the form of rounded elevations covered by delicate epithelium, and without a fibrous investment, as had been described by some writers. These follicles were to be considered infective *granulomata*, but contained healthy bloodvessels and no giant cells. These were probably a specific cause of trachoma; many kinds of micro-organism had been described, but none had satisfied inoculation tests. The changes began in the fornices with the proliferation of cells, formation of crypts, increase of goblet cells, and the formation of ovoid bodies; in a late stage the epithelium was shed. The globular bodies described by Reid and Mutermilch were probably not goblet cells; they resembled the oval bodies of *mollusum contagiosum*, which were supposed to be parasitic.—*The Lancet*, June 23, 1894.

OPHTHALMIA NEONATORUM.—Hiram Woods (*Annals of Ophthalmology and Otolaryngy*), discusses certain causes of failure in the treatment of ophthalmia neonatorum, one of which he believes is rough handling of the affected eyes, especially by ignorant attendants. He calls attention to the fact that nitrate of silver is often injudiciously and wrongly used, and is responsible for opacity of the cornea. According to Dr. Woods, the clinical condition demanding the non-use or discontinuance of silver in conjunctival purulency, unaccompanied by swelling or tension of the lids characteristic of infiltration, and without papillary swelling of the conjunctiva, or much of it, on the upper lid, and the deep-red color seen in the conjunctiva in severe cases. He insists upon the fact that mere purulency of the conjunctiva does not necessarily demand nitrate of silver, but that the appearance of the lids and conjunctiva must decide its use. He very properly protests against the practice of instilling cocaine to relieve the pain of ophthalmia neonatorum.

EAR COTTON SALMON-COLORED.—Dr. George E. Abbott, of New York City, thinking that there are few more unpleasant sights than the ordinary white (?) cotton stuffed into the ears of patients, and the more refined the patient, the greater the semi-nausea one experiences, and the greater the embarrassment of the patient, has had made, for the sake of æsthetics in this matter, some salmon-colored absorbent cotton. This is so near the color of the auricle that it is difficult to perceive it in the ear. The patient leaves the doctor's office neat and comfortable, knowing that she is not attracting repulsive pity from the public.

Dr. Abbott knows that this "practical suggestion" will be criticised with the remark that many of the best aural surgeons do not allow any cotton in the ear, that it interferes with both ventilation and drainage, but he also maintains that a small amount of absorbent cotton lends comfort to the ear and brain in cold, windy, dusty weather, and if frequently renewed, will increase the drainage by its capillary attraction. It will control the odor and avoid the necessity of ventilation. Surgical wounds are not ventilated, but by every means possible are shut off from the microbial air. Why not do the same for middle-ear diseases, and dress them surgically often enough to provide for ventilation. Messrs. Dennison & Company, New York City, are the manufacturers of the salmon-colored cotton.—*Medical Record*, June 23, 1894.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,
FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

GRAPHITES IN CONSTIPATION.—Graphites is a remedy which is too often neglected in this disease. It is especially useful in women who do not heed the calls of nature and suffer, in consequence, often for years with neurasthenia, female affections, hæmorrhoids, etc.; it is for women what sulphur is for men. Here the carbo-nitrogenous constitution of Grauvogl is observed. Copious masses of mucus accompany frequently each stool, which Kafka regards as its keynote. The menses are scanty, often late. There are also soft fæces which are passed with difficulty, an indication of diminished vitality. Again here graphites is our sheet anchor, especially if there be a distended abdomen with flatulence, or if there are accompanying gastro-intestinal affections alternating with acne and erythema of the face, herpetic lesions or scrofulous hypochondriasis, hysteric melancholy, insomnia or disturbed sleep, occipital headache, with tension and stiffness of the neck or semi-lateral headache. At the same time, dietetic and hygienic measures should not be forgotten.—*Rivista Omiopatica*, No. 5, 1894.

MERCURIUS SOLUBILIS IN CHRONIC CYSTITIS.—Dr. Oscar Hansen, of Copenhagen, was consulted by a farmer of 62 years who had suffered for five and a half years from painful and frequent urination, weakness, loss of appetite and sleep, he only falling asleep towards morning. Bowels normal. In two years he had lost thirty-six pounds in weight. His urine contained coagulated blood and thready mucus. Many homeopathic remedies were employed, without success, when the pains became worse with increased hæmorrhages from the bladder and aggravation of his general condition. Urine dark brown, often very yellowish-white, contained thick mucus, blood, and coagula. Sweated at night without relief of pains. Merc. sol. 3x trit., three times a day, in a teaspoonful of water, gave rapid relief. His weight increased, in two weeks the pains had disappeared, and the quantity of mucus decreased. The amount of mucus and blood decreased slowly with the drug taken for eight days and then eight days of rest, and finally, would disappear for times altogether, to disappear definitely after a few months. Then he was discharged as cured, with his weight greatly increased. After recovery he was attacked by a dry, papular, desquamating, and itching eruption in the face which yielded to arsen. 2c. —*Maanedskrift For Hæmæopathi*, No. 1, 1894.

VALERIANATE OF ZINC IN OBSTINATE HICCUGH.—Dr. Coullon, of Weimar, had under his care an old gentleman of 85 years, who had just recovered from an attack of pneumonia when he was seized with a continuous hiccough that bothered him greatly, interfering with sleeping and eating. It was so severe as to shake his whole body. Ignatia and chamomilla were administered without success. Zincum in the valerianate was given in one-sixth grain powders of the crude drug, one twice a day. The result was immediate, for, after using six powders the hiccough had wholly disappeared.—*Allgemeine Hæmæopathische Zeitung*, Nos. 9 and 10, 1894.

VINCA MINOR REPROVEN.—Dr. Schier, of Mayence, Germany, reports the results of a reproof of vinca minor on two medical students, two ladies, and six physicians. It was selected on account of the excellent results which the widow of a druggist had obtained with an infusion of this drug in the treatment of diphtheria. The name of the drug was withheld from the provers in order to exclude any auto-

suggestion. The essence was employed in the proving. No new symptoms were obtained beyond those already presented in works on materia medica, but the specific influence of the remedy upon the mucous membrane of the fauces, naso-pharynx, and eyes as well as upon the intestinal canal, uterus, and the skin, was demonstrated. The diphtheria-like symptoms were very pronounced in all the provers. He does not, however, regard it as a possible substitute for the cyanide of mercury, which he thinks indicated in severe cases but rather in the milder ones. He has recently employed it in tonsillitis and diphtheria, and is satisfied with the results. As a specific gargle he recommends the essence in proportion of 1 to 100. An infusion of the leaves was formerly employed thus in German popular medicine. A herpetic eruption is liable to appear around the corners of the mouth after taking the essence; five drops of the second or third decimal dilution every half hour to hour. Recovery then rapidly follows.—*Zeitschrift des Berliner Vereines Homœopathischer Aerzte*, No. Hft. 11 and 12, 1894.

TREATMENT OF TOOTHACHE.—In the *Homœopathische Maandblad*, No. 5, 1894, mercurius solubilis, 6x, is advised in ulcerating roots or teeth, one grain of the first trituration every hour. Silica is also of value here. In the management of toothache the following remedies are presented:

Aconite.—Toothache after cold water, especially when the patient is very much excited with congestion of blood to the head, red face and irritability. In very irritable and nervous persons, in such cases coffea would be more suitable.

Arnica.—Toothache after operations on the teeth.

Chamomilla.—Unbearable toothache in the whole row of teeth which radiates into the ear. Irritability, restlessness and anxiety. Of value especially in rheumatic toothache and in children.

Belladonna.—Hammering pain with rush of blood to the head and congestive symptoms, dryness of the mouth and pharynx. The pain is more severe at night, on contact, in chewing, and in the open air.

Mercurius.—Pain in the hollow teeth as though they would burst, the gums bleed easily and look inflamed. Sensation as though the teeth were too long. The pain either appears at night or becomes aggravated then, especially on becoming warm in bed. The chief remedy in painful ulcerations of the teeth.

Nux Vomica.—Drawing pains, which appear suddenly and jump about; they are worse in the cold and open air, and are ameliorated by warmth. Of service in those who lead sedentary lives and drink a great deal of coffee and alcoholic beverages.

Pulsatilla.—Hammering pain as though the tooth was being pulled out, earache. The pain is aggravated at night, by warmth, by warm drinks; improved by cold water and fresh air. Indicated especially in pale, quiet, and anæmic persons.

Staphysagria.—Pain in the roots of the teeth as though they were being crushed to pieces; the gums are white and swollen.

Sulphur.—In scrofulous and syphilitic persons. This remedy will sometimes help when others have failed.

Other remedies of occasional value are china, ant. crud., gelsem., magn. carb., rhus tox., and silica. At least three doses of one remedy should be taken before another is tried.

AURUM IN BADLY SMELLING BREATH.—Dr. Proell was consulted by a lady on account of her daughter, 23 years of age and a blonde. The patient had been long afflicted with such a bad breath that her mother only approached her unwillingly and had not embraced her for a long time. No possible cause could be discovered and what was worse her lover was about to come on an extensive visit and under the circumstances the match would be broken up. The patient, a young and pretty girl with red-bordered eyes presented a set of teeth and a mouth that were models of cleanliness. Her tongue was clean as well as the pharynx, yet she emitted a rotten odor from her mouth like that of carrion. All the functions, those specifically feminine included, were normal. The question was a difficult one. On examining her again slight signs of a scrofulous constitution were thought to have been discovered. The mother confirmed this view, for as a little child she had suffered from scrofulous eye and ear affections. On questioning the mother alone with regard to her mental condition, it was revealed that she was becoming more and more inclined to melancholy, was prone to solitude, and was introspective, serious and discouraged. With these points a diagnosis of scrofulosis was made and

the bad breath was traced to exosmosis of badly smelling gases from the numerous small veins of the mouth and pharynx, sulphuretted or phosphuretted hydrogen. Accordingly, aurum metall. 5x, was given three times a day before meals and after three days she was directed to take one drop of the tenth decimal dilution morning and evening. The result of this treatment confirmed the diagnosis. Already after seven days the mother announced with joy, that there was a great improvement; in fourteen days, still greater improvement and a complete cure in three weeks. Shortly after, the young lady was married. Since then she has been entirely free from these symptoms.—*Maanedskrift foer Homœopathi*, No. 6, 1894.

SULPHUR IN PSORIASIS.—Dr. Kroener, in a discussion in the Berlin Homœopathic Society on a paper by Dr. Sulzer, on sulphur, related the results which he had obtained with the drug in the following cases of psoriasis:

1. W., male, psoriasis of both legs and arms especially on the flexor sides, sulph. 5x, four times a day. In twenty-one days the inflammatory symptoms had improved, but the desquamation was still pronounced. The same dilution was continued, three times a day and a solution of sulphur in alcohol, 1:10, applied externally. In sixteen days the eruption had wholly disappeared.

2. F. A., servant girl, of 20 years, has suffered for three months from psoriasis of the left arm with typical eruption. Sulphur 6x, three times a day, and an alcoholic solution externally: flor. sulph. 10.0: spir. vin. fort. 90.0. To be applied every evening. Shake well before using. In four weeks the disease had disappeared. As long as she was under observation, about a year, there was no recurrence.

3. Another patient with inveterate and universal psoriasis was also treated in the same manner. Here also was a prompt result every time though not a radical cure. Possibly this might have been obtained had the patient continued treatment, during the intervals, but unfortunately he left off treatment as soon as the attack was over.—*Zeitschrift des Berliner Vereines Homœopathischer Aerzte*, Hfte., II. and III., 1894.

BRYONIA IN TYPHLITIS.—Dr. H. Goullon, of Weimar, was consulted with regard to a weakly young boy of 12 years, who had been struck in the abdomen by a school-fellow. Though painful, the blow was thought of no great consequence, and he was advised to rest for a day or so. The next day he ate some new potatoes, and they apparently did not agree with his stomach. The pain increased, a tumor was made out in the left iliac fossa, and he was quite weak. A week after, under allopathic treatment, he had not improved. He was put to bed for eight days longer. Dr. Goullon being then called, bryonia was chosen on account of its specific action on the serous membrane of the cæcum and the pathognomonic constipation. Four drops of the sixth decimal dilution were given every three hours. In six days the child was restored to health and able to re-enter school.—*Maanedskrift Foer Homœopathi*, No. 3, 1894.

RHUS TOXICODENDRON IN INFLUENZA.—Dr. Adolf Grundal, of Stockholm, has passed through four epidemics of the influenza, and has treated several thousand cases of the disease. At the beginning of the first epidemic, like the other physicians, he was in doubt, and therefore determined to treat one-half of the cases homœopathically and the other half allopathically—quinine, antipyrine, and acetanilid in moderate doses. Homœopathically, he tried several remedies, but found rhus toxicodendron to be the one indicated both theoretically and practically. This remedy is usually employed in cases dependent upon dampness, cold, and wind; and if one catch a cold in damp weather, one is attacked with the symptoms which characterize influenza: chilliness, weakness, headache, pains in the back and limbs, catarrhs of various mucous membranes, and nervous symptoms. Therefore, rhus was administered in all cases after a possible dose of aconite. Trying the third and then the second decimal attenuation, the latter was found to be best. Five drops were administered every two hours, and after a few doses the force of the disease would be broken. The remedy would be continued for three to four days, though many were nearly entirely recovered in one or two days. For the exhaustion and catarrhal symptoms, he employed arsen. iodat. 3x, a grain four times a day. Robust patients, who were still up and about and trying to throw off the disease, would react well in a few hours to the first decimal dilution. He then dropped the allopathic remedies, as he found homœopathic treatment greatly superior. He regards

rhys as specific in influenza as mercury in syphilis. He is the only physician in Stockholm with a large practice who has not been forced to drop out of the ranks either with sickness or exhaustion during these four epidemics. As soon as any symptoms of the influenza would appear, he would have immediate recourse to the second dilution of rhys toxicodendron.—*Maanedskrift Foer Hæmœopathi*, No. 5, 189.

SULPHUR AS AN ANTIPSORIC.—Dr. Kroener, of Berlin, cited, as an example of the efficacy of sulphur as an antipsoric, the following observations: F. V. W., 7 years old, formerly suffered from recurrent corneal ulcers. Now, after the measles, recurring styes. Sulph. 6x, *ter die*, removed this at once.—*Zeitschrift des Vereines Hæmœopathischer Aerzte Hfte. II. and III.*, 1894.

LEDUM IN PUNCTURED WOUND.—Bookbinder, æt. 24, stepped on a nail, which passed entirely through his foot. The pain became intense, sharp, and shooting in the foot, with œdema so severe that he could not stand on the foot. *Ledum* 6 was given in water every hour. Pain subsided in a few hours, and swelling disappeared next day.—*Ibid.*

GELSEMIUM.—This remedy is far better suited to every-day complaints than aconite in this neurasthenic age. The gelsemium patient always presents an element of tiredness which does not belong to aconite, and most city patients are well worn out when sick enough to stop for their physician's prescription. Their faces are flushed a deeper red than aconite; they drop into a chair, worn out, or look and act as if intoxicated; complaining, not of sharp but rather dull pains in the head, and, instead of the sudden and violent vertigo of aconite, a constant unsteadiness of every motion. The pulse is full, flowing, and compressible, not bounding and hard as in aconite, nor are they restless or express any especial anxiety about themselves as does the aconite patient. This picture calls for gelsemium rather than aconite, bryonia, or belladonna in certain stages of catarrhal fevers, in the very beginning of typhoid, cerebro-spinal fevers, and the remittents of children, etc. While the thermometer may register 102° or more, they will tell you—which the aconite patient will not—that they constantly have little chills up and down the back, and cannot get warm.—*Min. Hom. Mag.*, June, 1894.

MENYANTHES IN HEADACHE.—Miss — had suffered for a long time from spinal irritation, and was subject to frequent and severe attacks of headache. The pain was of a tensive and bursting character, in paroxysms; it began in the nape of the neck at the right side, and then involved the whole brain. With it there was a dread of solitude. "I can't bear this alone; please stay right by me, mother." The pain was aggravated by light, noise and jar; amelioration was obtained from sitting in a stooping position and from heavy pressure on the nape of the neck and vertex. *Menyanthes* 30 was prescribed by Dr. Farley, to be given every ten minutes. Improvement began immediately, and the patient was comfortable in two hours.—*Amer. Hom.*, Feb. 15, 1894.

THUJA IN UTERINE POLYPUS.—A woman of 30 suffered from uterine hæmorrhage, which was treated in vain by an allopathic physician. The stomach had become so deranged from the excessive use of hydrastis and digitalis that even the simplest food could not be tolerated. Between the loss of blood and the treatment, the patient had been so reduced that she became dropsical; the legs were swollen to twice their normal size and the abdominal cavity contained several litres of fluid. The heart became so weak that it would respond only to the strongest cardiac stimulants—strophanthus, camphor, etc. An operation was advised, but was deemed an unsafe procedure at that time, on account of her great weakness. Dr. Donner, a homœopath, was called at this stage. He diagnosed a polypoid growth in the mucous membrane of the uterus, and strongly urged an operation. He gave *thuja* 6, and, owing to the weakness, a few doses of *china* were given. In a few days the hæmorrhage ceased. The accumulations of fluid were excreted through the kidneys. The woman improved rapidly, and in a few weeks left her bed. *Thuja* was continued for several months, as the menstrual flow continued to be considerable. In about four months a polypus was cast from the uterus, with a pedicle several centimeters long, which was easily snapped off, but which would have come away of itself if left alone.—*Monätsblätter*.

THE HAHNEMANNIAN MONTHLY.

SEPTEMBER, 1894.

HOW TO STUDY AND TO TEACH MATERIA MEDICA.*

BY CHAS. S. MACK, M.D., ANN ARBOR, MICH.

(Professor of Materia Medica and Therapeutics in the Homœopathic Medical College in the University of Michigan.)

1. *What advice do you give concerning Materia Medica to a student beginning medicine by a year's preliminary study?*

It seems to me of the utmost importance that at the very beginning of his course a medical student be made acquainted with the principles of medicine—all the principles upon which beneficial practice is based. When the field of medical practice is once clearly mapped out in his mind, the student of materia medica and therapeutics is prepared to intelligently accept all that is good in any system of medicine, and to see that there is no conflict between homœopathy and anything else that is good in medicine; he is prepared to show that a man can consistently be enthusiastic as a homœopathist, and equally enthusiastic in his support of whatever beside homœopathy is good in medicine.

I should advise a student beginning medicine by a year's preliminary study to (either before or simultaneously with his first studies in materia medica) acquaint himself with the various principles upon

* Paper prepared for American Institute of Homœopathy. The questions were proposed by Chairman of Materia Medica Bureau.

which the practice of medicine is based. I should show him just what empiricism is—wherein lies its essential feebleness, but that empirical indications are not always to be ignored. I should show him just what rational practice is—just wherein lies its strength, and wherein its weakness, and that it can never intelligently attempt the cure attempted by homœopathy. I should then show him just what the principle of homœopathy is—should define the cure it undertakes, should show that that cure is in a sense the highest cure which it is possible to undertake with drugs, and that it can never be intelligently undertaken in rational practice or in any other way than under guidance of *similia similibus curantur* as a law of nature. I have said I should show him all these things; I might more accurately have said I should *try* to show them to him. The argument which I presented in favor of homœopathy would probably be in the main an abstract argument by exclusion, but it would not be entirely such: I should cite some prominent practices which seem to me homœopathic (as does often that of giving mercury to syphilitics, ipecac to those who are nauseated and vomiting, jaborandi to relieve patients of sweating, etc.), and I should point to the history of homœopathy *en masse* as part of the argument in its favor. If he happened to be acquainted with what I shall here call the philosophy of Swedenborg, and came to me in my capacity as a private individual, I should direct his attention to a positive argument in favor of homœopathy viewed somewhat particularly from the standpoint of a New Churchman. This last step would, of course, be taken in only a very small minority of cases. In all my presentation to this student I should scrupulously avoid anything like dogmatism. I should endeavor to present facts in such a way that he, without being urged, would seize upon correct conclusions. As for literature upon the principles of medicine, I should advise him to read Carroll Durham's *Science of Therapeutics*,* Dake's *Therapeutic Methods*,† and part of my *Philosophy in Homœopathy*;‡ also my article on "Empiricism, Rational Practice, and Practice under Guidance of Law" in the *North American Journal of Homœopathy*, for January, 1892.

In the course of instruction above outlined, the student will have learned that *materia medica* is the whole *science* of drugs, and that

* Published by Boericke & Tafel, Philadelphia and New York.

† Published by Otis Clapp & Son, Boston and Providence.

‡ Published by Gross & Delbridge, 48 Madison Street, Chicago.

materia medica pura is the science of drugs as dynamic pathogenetic agents in man. He will have learned that (while it is perfectly legitimate that "clinical symptoms" and "clinical verifications" should be allowed to give an empirical tinge to a prescription in general homœopathic) *similia* is the only guide to homœopathic remedies; he will have learned that only in the fields of pathology and drug pathogenesis can a question of homœopathicity be determined.

We may hope, that by this time our student shall have so intelligent a regard for pathogenesis that he will read most cautiously, and most critically, anything purporting to be a record of materia medica pura; we may hope that he will want to know pathogenesis, rather than what some one has written about pathogenesis. I should like a text-book on materia medica pura schematically arranged, and with numerous references, such that each item recorded might be traced to the original authority for that item. I am waiting with great interest to see whether in the forthcoming index to the *Cyclopædia of Drug Pathogenesis* we are to have these schemata and these references. Allen's *Encyclopædia* has schemata and references, and is a good book for advanced students to refer to; its chief value is, I think, in showing the insufficient ground upon which are based many items in our text-books. I should not expect the beginner to make much use of this book, for I should want him to learn the grosser facts of drug pathogenesis before giving much attention to the minute points. I think the following named books (and their like) excellent for him who is beginning the study of drug pathogenesis: Taylor's *Treatise on Poisons*, the volume on *Poisons* in Wharton and Stillé's *Medical Jurisprudence*, Reese's *Medical Jurisprudence and Toxicology*. If, before setting this student at the study of pathogenesis at all, we have been successful in our attempt to instruct him in the principles of medical practice, we can serve him by now putting into his hands, not only text-books on materia medica by homœopaths, but also the latest books on materia medica and therapeutics by old-school writers, such as Brunton, Ringer, Bartholow, Stillé, Phillips, George B. and H. C. Wood. With the previous instruction we have supposed, the student should have no difficulty in recognizing, under what is in old-school books called "Physiological Action," very much that is not pathogenesis, and he will, at the same time, find in these books much useful information upon the subject of pathogenesis.

Having had the training heretofore outlined, he will not, to his dying day, forget that materia medica pura is a *science*, and is to be

studied in a purely scientific spirit ; he will never forget that any item in what is recorded as *materia medica pura* purports to be an item of drug pathogenesis, and that, if a question arises whether it is a fact of pathogenesis, the most critical investigation of the question in the field of science (*i.e.*, pathogenesis and never therapeutics) is always in order. I quote, at second-hand, from Tyndall what would be an excellent motto for all provers of drugs, and for all students of drug pathogenesis or of *materia medica pura* : " In every one of your experiments endeavor to feel the responsibility of a moral agent. . . . If you wish to become acquainted with the truth of Nature, you must from the first resolve to deal with her sincerely."

2. *Which is the best method of teaching Materia Medica : (a) for the preceptor to his student ; (b) for the teacher to his classes in the college ; (c) give an outline of your method of studying or teaching a drug in the class-room.*

All that I have said regarding the importance of having a study of principles precede, or accompany from the first, a specific study of *materia medica* applies to work under a preceptor, and to class room work, as well as to the work of such a student as was supposed in question No. 1. For obvious reasons no class-room work in the medical college can to-day be specifically based upon what we have called the philosophy of Swedenborg. In teaching *materia medica*, the preceptor may have scarcely more time to give to his pupil than will be required for directing his reading ; but the teacher in the class-room may be expected to devote time necessary for personal inquiry into constantly arising questions. In teaching *materia medica*, no less than in teaching the principles of medicine, I should scrupulously avoid dogmatizing upon questionable points. The unquestionable facts of *materia medica* may be presented to the student with perfect confidence, but in *materia medica* (and in no department of it more conspicuously than in *materia medica pura*), there is, and always will be, very much regarding which there is question ; a given question may sooner or later be answered, but new questions constantly arise. Dogmatism should have no place in answering questions in science. Discuss these questions with your students, stating the *pros* and *cons* bearing upon each particular point, and try to lead the students to correct conclusions, but let them know that there are, and always will be, many questions unanswered. Don't for an instant let the students suppose that you, or any one else, knows all of, for instance, *materia medica pura*, or that your opinion or that in a text-book is necessarily final. Teach with con-

fidence the unquestionable facts, but always keep the questionable points distinct from the unquestionable. Hunt down items recorded as pathogenesis to the original sources upon which the record is based, and encourage your students to do the same.

An outline of my method of teaching a drug in the class-room: I first give what seems of interest regarding the origin and history of the drug, its botany or chemistry. When the drug is a serious poison I state the effects of serious poisoning by it, showing to the best of my ability (when there is occasion for so doing), what effects are due to its dynamic properties and what to its physical or chemical properties. I continue the study of its pathogenesis by taking up the old-school writers on materia medica, if the drug is one of which they treat. In using old-school writers I point out that much which they record under "physiological action," is not pathogenesis, and I frequently point out what seems to me a fallacy underlying some one or another recommendation of theirs as to therapy. For (with few exceptions) each drug that I teach I have made out a chart of pathogenesis based upon toxicologies and old-school materia medicas and upon the *Cyclopædia of Drug Pathogenesis*, going over each of these drugs in the *Cyclopædia*, and crediting in my chart those items that come out repeatedly in the *Cyclopædia* records. In these charts I give reference to authority for individual items. Of these charts I made (with a cyclostyle) enough copies to put a chart of each drug into the hands of each student. Intending the charts as records of pure pathogenesis I do not put into them "clinical symptoms" or "clinical verifications." I think that one who teaches such symptoms and such "verifications" should always keep them distinct from records of pathogenesis. I give instruction regarding such rational practices and such empirical practices as commend themselves to me.

No drug can be a homœopathic medicine unless it is a dynamic poison. This is one of the reasons why I do not lecture upon some substances which are often lectured upon as homœopathic medicines, e.g., natrum muriaticum and carbo vegetabilis. Regarding some other substance (as lycopodium), I may say to the class: I hardly think that this is pathogenetic; and if not pathogenetic, it cannot be homœopathic. But many homœopaths have regarded it as having such and such a pathogenesis and as curative when given upon such and such indications.

There is one set of substances upon whose records as pathogenetic I always look critically and, in the first instance, with suspicion. It is those substances whose provings are alleged to have shown that

previously accepted practices were homœopathic. The history of practice with these substances I try to bring out very clearly in the class-room.

I encourage students to ask questions regarding pathogenesis and to discuss them with me in the lecture-room, so that for a part of the lecture-hour our exercises often become quite conversational.

3. *Which is the best place for teaching therapeutics: (1) Hospital, (2) Dispensary, (3) Clinic, (4) Class-room, or (5) Bedside, and how should it be done?*

Both theoretical and practical teaching must have place. In each prescription purporting to be homœopathic let the indications for the remedy be very definitely stated. Whenever a purely "clinical symptom" is made use of, let attention be called to the fact, also have the attention called to any weight allowed "clinical verifications." Whenever a rational practice (as distinguished from homœopathic) is adopted, let the theory for the prescription be clearly stated. Whenever a purely empirical prescription is made or an empirical consideration modifies the prescription the fact should be brought out.

4. *Do you teach the potency of the remedy studied? If not, why not? If you do, how do you explain the potency you advocate?*

I do not teach potency. I advise students to go slow if they tend to a belief in high potencies.

5. *When should the Organon be taught, and how?*

I do not use the *Organon* as a text-book. I think one can better teach homœopathy without the *Organon* as a text-book than with it.

DR. VAN DENBURG ON THE PATHOGENESIS OF ARSENIC.

BY RICHARD HUGHES, M.D., BRIGHTON, ENGLAND.

BY an accident, it is only to-day (June 6th), that I have seen Dr. Van Denburg's article on the pathogenesis of arsenic in the *HAHNEMANNIAN MONTHLY* for March. In it he takes exception to the practice, initiated by Hahnemann and followed by all compilers of drug pathogenesis since, of including under the general head of "arsenicum" or "arsenicum album," effects of a number of different preparations of this metal. To this confusion he ascribes the alleged fact that, in Hering's words, "the administration of arsenicum is more frequently disappointing than that of any other drug in the materia medica."

Now, first of all, is this latter statement well warranted? To me it seems strangely wide of the mark. Arsenicum, in my own hands, has been more rather than less faithful than other drugs to its indications; there is no remedy on which I more implicitly rely, or from which I have obtained more uniform and satisfying results. And look at its record! While thousands of cases could be collected from our literature, and also from that of the old school, in which it has effected cures—obviously (to our eyes) homœopathic and undoubtedly specific—of maladies the most painful and the most intractable! Hering explains its supposed infidelity by “lack of symptoms” in its pathogenesis “produced by the higher potencies.” I should rather explain the supposition on his part by limitations to such potencies in his practice. Arsenic must be given *omni dosi* if it is to effect all of which it is capable. It will do great things in infinitesimals; but its range and effectiveness are mostly increased when approach is also made to substantial quantities.

The composite nature of arsenic's pathogenesis cannot, therefore, be alleged as resulting in its failure as a remedy. Is it, however, available on its own merits? I think not. Dr. Van Denburg's objection to it is purely theoretical. The *onus probandi* surely lies with him, and no expression of personal dislike can avail here. Hahnemann and his successors have included under one heading symptoms induced by divers preparation of arsenic, because they have seen no difference between the effects of one or the other. If Dr. Van Denburg does perceive such difference, let him show it to us; and subsequent compilers of *materia medica* may avail themselves of his demonstration. In the *Cyclopædia of Drug Pathogenesis*, the only arsenical preparation to which we have given a separate section is arseniated hydrogen, the icterus and hæmorrhages of that gas having but faint parallels in the effects of the ordinary salts and compounds of arsenic. The rest we have, deliberately, classed together; but as we specify,* whenever we know it, the form in which the drug was taken, any one can select and isolate the symptoms of these various forms for himself. I for one doubt the wisdom of any further subdivision, and must at least maintain that no cause has as yet been shown for it.

* Dr. Van Denburg says that in six cases (40 to 45 inclusive), we give “no data at all” of this kind. He is not quite correct, as No. 42 is referred to Fowler's solution, and No. 44 to “fly-powder and white arsenic.” In the remaining four instances, however, we do not specify preparations, because our authorities are silent about them, and we did not think the matter of sufficient importance to warrant further inquiry.

DR. HUGHES ON ARSENICUM PATHOGENESIS.

BY M. W. VAN DENBURG, A.M., M.D., FORT EDWARD, N. Y.

THE points raised by Dr. Hughes, as I understand them, are these: (a) That I "take exceptions to (1) the practice initiated by Hahnemann, and (2) followed by all compilers of drug-pathogenesis since, of including under the general head of arsenicum, or arsenicum album, effects of a number of different preparations of the metal."

(b) He takes exceptions to the statement of Hering that "the administration of arsenicum album is frequently disappointing," and says he "has obtained uniform and satisfactory results."

(c) And therefore the pathogenesis of arsenicum album cannot be at fault; but the fault, if any, lies in the dose and method of giving.

(d) That my objections to the mixed pathogenesis "are purely theoretical."

(e) That Hahnemann and his followers have included "under one heading, symptoms of divers preparations of arsenic, because they have seen no difference between the one and the other."

(f) And if I perceive a difference I ought to show it.

(g) That he doubts the wisdom of any further subdivision.

It gives me great pleasure to answer these objections to the position taken in the March HAHNEMANNIAN, for they involve many points of vital importance in that revision of homeopathic materia medica for which the profession is anxiously waiting.

First, then, Hahnemann was inconsistent with his own principles when he admitted the pathogeneses of several drugs to one record and ascribed them to one drug.

Probably these principles were ultimately framed as we now have them, years after the erroneous method, in the instance of arsenicum album, had been in use. But that in no way lessens their force.

These principles are, in his own words, "that each drug manifests particular effects in the human body, and no other drug will produce effects of exactly the same kind." (Sec. 118).

"All drugs have physical properties which prevent one from being mistaken for the other, and they all of them *differ and deviate among each other in their morbid as well as in their healing properties*; and each is so different from all others as to prevent their being confounded." (Sec. 119).

"Therefore medicines should be distinguished from each other with scrupulous accuracy." (Sec. 120).

And "as success in the art of healing depends entirely on these experiments (provings), *only such drugs* should be employed as are *perfectly reliable* in regard to the *purity, genuineness and full strength*." (Sec. 122, *Organon*).

A most glaring disregard both of the letter and the spirit of every one of these principles is found in Hahnemann's pathogenesis of arsenicum album.

An excuse for this was found in his case where none exists to-day. The immensity of the field before him, the fewness of the laborers, and the urgency of the demands for some sort of a pathogenesis, however imperfect, might have been his reasons for the evasion of sound principles.

To his credit it must be said, however, that *all the provings* of "himself and followers were made with arsenious acid" (arsenious oxide). *C. Drug P.*, p. 396.

The vicious part was gathered hither and yon from toxic cases, from arsenic in ague, from the generalizations of authors, and from half a dozen or more different forms of arsenical compounds, embracing mixtures, salts, and ores of arsenic.

It is not too much to expect, knowing as we do the general methods of Hahnemann, that had he *proven* any of these other forms he would have given them a separate pathogenesis.

As it was, he procured "697 symptoms from *provings* of arsenicum album, by self- and fellow-observers, and 382 from authors." (*Ibid*). "Later he added 202 symptoms from arsenious acid," showing he had already discarded the plan of taking symptoms from "other forms of the metal."

As to how generally "all other compilers of drug-pathogenesis" have followed his early example, I submit the following: First, Dr. Hughes admits he separated arseniuretted hydrogen for good and sufficient reasons.

Hahnemann had incorporated it among his toxic symptoms by using the cases of Gehlen and Hall.

Next, Allen's *Encyclopædia* gives separate pathogenesies for the following forms of arsenic:

Arsenicum hydrogenisatum.

Arsenicum iodatum.

Arsenicum metallicum.

Arsenate of quinia.

Arsenicum sulfuratum flavum.

Arsenicum sulfuratum rubrum.

Hering's *Guiding Symptoms* gives all the above in separate pathogeneses, and arseniate of calcium in addition "from provings by himself and several others."

After these numerous and wide departures from the "practice initiated by Hahnemann" there is left for me to defend only the following.

Arsenide of antimony.

Arsenite of copper (arsenical wall paper.)

Arsenate of iron.

Arsenite of potassium (Fowler's solution).

Arsenate of sodium.

Arsenical tartrate.

I have no need to defend *departures* in the abstract. For these, Drs. Hughes, Allen and Hering must answer. They will hardly be willing to admit that in the above instances, the objections are "purely theoretical," and I will say in a general way, whatever may have justified them in taking away from the pathogeneses of ars. album., at least four (ars. hyd., ars. met., ars. sul. flav., and ars. sul. rub.), of the seven separated compounds, all (four) of which Hahnemann had included, also justifies me in making further separations if it can be shown that the compounds are (a) distinct drugs, and (b) that their pathogeneses differ in any respect from ars. alb.

I wish to say by way of parenthesis, that *none* of these whose separation I am to defend, were included by Hahnemann in his pathogenesis of arsenicum album.

They are therefore the *additions* of "later compilers."

Arsenide of antimony has only the most fragmentary proving; one scarcely worthy the name; but it is most certainly a very distinct drug, and as such is well recognized by all chemists and druggists.

And second, the painless, non-acrid diarrhœa, and the very successful clinical use of the drug in severe catarrhal bronchitis, or broncho-pneumonia, are ample proofs of its *peculiar* pathogenetic effects. It therefore has no place in the pathogenesis of arsenicum album.

The arsenite of copper has never had provings, only toxic cases, and these too, under not the most favorable circumstances, from a scientific standpoint.

Nevertheless, the coincidence of many symptoms from internal toxic use, with the effect of arsenical wall-papers, at present justify

combining the two in a single pathogenesis. The drug is so markedly distinct from the oxide, that it would be impossible for a child to confound them.

In its pathogenetic symptoms, as thus far developed, it is strongly like the oxide in many respects; but the colic of this drug seems to be worse than the burning, in its bowel symptoms; while the burning is usually worse than the colic in *ars. alb.* The arsenite has been found very useful in choleraic diseases, where the tormina were the most prominent symptoms; it seems to have less range in some other directions than *ars. alb.*, and we have every reason to suppose that a careful proving would show that arsenite of copper had best not be used where *ars. alb.* is indicated, and *vice versa*. Therefore, the symptoms of the cupric salt can be of no use at present in the pathogenesis of the oxide, nor should it be given where the oxide is indicated, which would be the logical course if there be "no difference between the effects of one or the other."

Arseniate of iron has too feeble a pathogenesis to warrant much discussion. Still it is a very different salt from the oxide, and this alone should exclude even the brief symptoms it has, from pathogenesis of the latter drug. The Hahnemannic principles certainly exclude it; the analogy of other drugs is against it; nothing is added to the *ars. alb.* pathogenesis that is reliable, by its use, but it rather detracts from the confidence we have in *arsenicum album*'s symptomatology.

The arsenite of potassium, or Fowler's solution, is a very distinct compound from the oxide. There is no regular proving, but quite a mass of material from over-dosing, and from genuine toxic effects.

The sudden, and often enormous anasarca developed under over-doses, with the comparatively small amount of respiratory disturbance, is in marked contrast with the severe respiratory troubles and moderate anasarca of *ars. alb.* The choreic movements, too, are more frequently met with in the use of the solution than with *ars. alb.* Hence the superior benefit of the arsenite in chorea.

Hahnemann included symptoms of its over use, when the symptom list of *ars. alb.* was meager. Now that the latter has grown so large, it would be better to separate the two, and the grounds for this step do not seem to me "wholly theoretical."

But if there be one drug in the whole list of those wrongly incorporated with *arsenicum album* that has less excuse than another for being there, that drug is arsenate of sodium.

With an unusually complete pathogenesis, based upon carefully conducted and exhaustive provings, with many points of difference and few of resemblance, its incorporation with arsenicum album has weakened and undermined the reliability of the latter and kept an excellent drug from filling its own niche of usefulness.

Arsenate of sodium produces a dull, languid, listless, easy frame of mind and body, indisposed to effort of any sort. Out of nine provers only one showed the least anxiety, and even the genuineness of the symptom in this single case may fairly be questioned. Could anything contrast more strongly with the anxiety, restlessness and constant exertion (though weak) of *ars. alb.*?

The sodium salt produces coryza, with inflamed eyes, nostrils and throat, which *look much worse than they feel*, while all the secretions of the mucous membranes are *bland*. In the second stage the secretions, especially of throat and larynx, are very tough, adhesive and thick. It is essentially a subacute, non-acrid mucous inflammation, and extends to the bronchi, with the same characteristics. The coryza of arsenicum alb. is acute, acrid, and feels worse than it looks; the secretions are thin and they excoriate, and the symptoms of the eyes are very distressing.

The sodium arsenate has little stomach trouble and seldom vomits; the stomach seldom or never burns; severe, frequent and continued vomiting, with burning in the stomach are eminently characteristic of *arsen. alb.*

The arsenate has moderate colic in all instances where it appears at all, which is always relieved by passing flatus or an occasional stool. The discharges from the bowels are always bland, and only soft, never watery.

How strong is the contrast with the burning, acrid, excoriating, frequent, watery or thin stool and the excruciating colic of *ars. alb.*?

The arsenate patient seldom has a bad night, though he may have a very uncomfortable day. He generally sleeps the whole night through; restlessness and excessive thirst or feverish heat are unknown.

Ars. alb. is almost sure to have bad nights, full of restlessness, thirst, sleeplessness and anxiety.

It has seemed to me, after a careful study and comparison of the provings of the arsenate, that it resembles *pulsatilla* much more closely than it does *arsenicum album*.

Hence I affirm the incorporation of its pathogenesis with that of *ars. alb.* is a positive injury to the latter. If Dr. Hughes doubts

this, let him prescribe ars. alb. for a few weeks on the arsenate of sod. symptoms, and give us the results.

Arsenical tartrate is the merest fragment of a fragment, but it is difficult to see what relation "the uneasy sensation in the œsophagus—not unlike belladonna—and the *very powerful diuretic action*" have, as a whole, in connection with arsenicum album. Dr. Hughes would scarcely use this symptom in prescribing ars. alb.

In closing this necessarily long paper, will Dr. Hughes permit me to ask what benefit he sees, if any, in attaching such a long proving as the arsenate of sodium to the pathogenesis of arsenicum album.

Hahnemann, indeed, added a few symptoms of the toxic effects of several salts and compounds of the metal to the pathogenesis of this drug. Did he add a *genuine proving* of another drug? Would he have been likely to do so, judging from his customary exactness in respect to other drugs? *

PARASITIC FUNGI OF SKIN DISEASES.

BY H. W. WESTOVER, M.D., ST. JOSEPH, MO.

(Read before the American Institute of Homœopathy, June, 1894.)

SKIN diseases are often of a very intractable nature, and prone to greatly annoy the general practitioner. Many of us are not as completely master of the situation as we should be, and may be liable to confound those of parasitic origin with those not thus produced. If the true cause of the disease is fully understood, we are more apt to be successful in its treatment than when groping among the unknown.

Some homœopathic practitioners make the broad statement that a parasite will not infest a healthy individual, and that, by the administration of the proper internal remedy, as indicated by the

* In the matter of the numbers mentioned, I will say:

No. 42 does have Fowler's Solution mentioned on the second page; this was an oversight on my part. The symptoms belong in the pathogenesis of that drug.

No. 44 has "fly powder and white arsenic," as Dr. Hughes has stated. "Fly powder" is the cause for its rejection.

The other numbers—40, 41, 43, 45—are rejected because the omitted data seemed of sufficient importance to warrant their exclusion. If this were discussed in full, it would make a paper by itself.

general symptoms of the patient, the system can be brought to such a perfect state of health that the parasite will be cast off. They contend that the presence of the parasite is proof of a vitiated constitution or lowered vitality, and that, by the internal administration of the indicated remedy, the host will rise superior to the parasite.

They claim that this is true, whether the parasite be of an animal nature, as scabies or tænia, or a vegetable, as trichophyton or penicillium. My moderate experience does not accord with this view. Patient and careful internal medication has resulted in apparent good health and the parasite still clung to its host. If the patient is in such good health that neither he nor his doctor can find aught of which to complain, except the parasites, it does seem the parasite should not persist if the foregoing theory is correct.

It has been my privilege to meet cases where careful medication and regimen were followed with no relief from the parasite, and relief was afforded and good health continued, with no ill after effect, when the proper local treatment with parasitocides was inaugurated. It may be true, that a parasitic skin disease is more likely to infest a person in poor health, and in a debilitated condition, or of filthy habits, but I do not think they infest only such.

We all know, that a person in rugged, robust health, is better able to throw off the attack of a contagious or infectious disease, but, it is equally true, that those in good health, as far as the doctor and the patient can discover, do at times succumb to such maladies. As well might we say, that every person who contracts a venereal disease, or every child that succumbs to diphtheria or measles, was, therefore, in ill health prior to the attack.

Therefore, I consider it important that we fully understand which skin diseases are produced by the invasion of a fungus, that we may more fully meet the indications for treatment, and guard against its dissemination; and also, that we endeavor to learn from whence it comes, that we may intelligently endeavor to prevent contamination, as well as avoid suppressing the cutaneous manifestations of a constitutional disease by ill-advised local measures, because it is quite true that disastrous effects have followed such ill-timed unscientific treatment. A clear-cut, intelligent diagnosis is looked upon as a trivial matter by some practitioners, and a thorough knowledge of the pathology of a case as, at least, unnecessary. If a man persistently seeks out the pathology of a case, he may be dubbed materialistic, and be told it is unnecessary to name a disease. In former years, when homœopathy was young, pathology was crude and in-

exact—fact mingled with fancy—and much was unknown that now is demonstrated; at that time, the young giant was emerging from thralldom, and well needed to bend all its energies to fitting symptoms to patients, and with such crude weapons as were at hand the fight was made and the victory won.

To-day, we measure capabilities with a much better equipped competitor; and if we maintain the prestige of the past, we must avail ourselves of all possible information about disease and its treatment.

If the fungus is the cause of the disease, by removing this cause we would be but following the dictum of Hahnemann, who ever taught his followers to remove the cause. “*Tolle causam*” has ever been a watchword with homœopaths.

In this paper we will consider only the diseases produced by mycelial fungi, not drifting into a discussion of the disease-producing properties of the schizomycetes, although they are sometimes denominated fungi. *Microsporon furfur* causes *tinea versicolor*, not a serious disease. *Achorion Schonleini* causes *tinea favosa*, which may be followed by permanent loss of hair.

Tricophyton causes *tinea circinata*, *tinea sycosis*, and *tinea tonsurans*; it may produce extensive inflammation and suppuration.

Tinea versicolor does not attack the hair or nails, and invades the epidermis only, not dipping down to the true skin or rete mucosum. It forms irregular-shaped furfuraceous macules, generally on the chest or shoulders, but never on the face or hands. It is a disease of mature years, rarely being seen on the young or aged. The mycelium is a mass of delicate threads, woven through the epidermal scales, and the spores are often in clusters. By scraping off some of the epidermis scales, and placing them in a drop of liquor potassæ, the interlacing threads and spores may be seen with a microscope of 500 or 600 diameters. The spores are highly refractive and may develop from the mycelium, or from fission of pre-existing spores.

Treatment.—The affected parts should be thoroughly freed from the greasy sebaceous matter of the skin. The etherial soaps prepared for surgical cleansing should be satisfactory for this purpose. After a warm bath the parts should be thoroughly scrubbed. This loosens and softens the epidermis, making it easier to successfully attack the parasite. Then daily apply a weak mercurial ointment or the oleate of copper. I can offer nothing better than the treatment of the latest text-books. There should be a complete change

of clothing, and great care used to prevent re-infection and consequent relapses.

FAVUS.

Tinea favosa is a contagious disease, produced by the *achorion Schonleinii*. It may attack only the hairs and their follicles or the epidermis, or it may attack the nails. It generally first attacks the scalp, and is more frequently met with in children than adults. It infests the lower animals, the mouse and the cat often being its host, from whom it may be readily transferred to mankind. Unna claims several different species of favus, differing more or less in the appearance of the mycelium and spores. Possibly this may be an illusion, as different experimenters have noticed varying appearances of the same plant on different culture media, it being susceptible of culture off the body on various nutrient media.

I have never personally experimented with the fungus of favus, but have noticed other microscopic fungi change their appearance on different media, and even on the same medium under more or less favorable surroundings. The disease is characterized by cup-shaped yellowish crusts, perforated by hairs. These are fungus masses that surround the hairs, penetrating their shafts and ramifying in the epidermis.

At first they are separate, but gradually coalesce, forming large crusts, in which the circular form of the favus cups may often be noticed. If the disease continues, atrophy of the follicles may occur, and the hair, in falling out, is liable to leave permanent bald spots. Favus produces an unpleasant peculiar odor, likened to mice or mouldy straw. If the diagnosis is doubtful, the microscope will settle it.

A few of the hairs being covered with a solution of caustic potash, a power of 500 or 600 diameters will reveal the presence or absence of the *achorion*. The mycelium consists of narrow flattened threads matted in all directions, some empty and some containing minute spores. It penetrates the hair follicles, attacks the root sheath of the hair, and often invades the shaft. If it attacks the nails, it may be found in the nails themselves. It may be cultivated on bouillon, *ager ager*, and various nutrient media. In debilitated and scrofulous subjects, constitutional treatment should not be neglected; however, local treatment must be persistent and thorough. The crusts should be removed by keeping them saturated with oil for twenty-four hours. Oil of ergot is said to be the best, but I have never used it.

Poultices should be avoided. An excellent plan is to sponge the parts with a 25 per cent. solution of boro-glyceride after the oil has been on for twenty-four hours. Do not apply ointments or oils immediately after removal of the crusts, but wait until the parts are dried, when the parasiticide can be used. An ointment of resorcin is a favorite remedy with me, but authors recommend oleate of copper, one-half drachm to lard one ounce; also oleate of mercury, chrysarobin, boric acid, aristol, etc.

Generally the health of favus patients is good, but any ill health should be met by the indicated remedy. The indications will generally be met by calc. carb., dulcamara, graphites, hepar, mezereum, oleander, psorinum, sulphur, viola tric., etc. Great claims are made for internal medication, but if the indications and reports are carefully studied, it appears that the cases are not parasitic. However, if any parasitic cases present ill health, as is often the case, the proper internal medication should be carefully sought, and not unfrequently the antipsorics will meet the requirements.

TRICOPHYTOSIS.

The trichophyton is a vegetable fungus which has been cultivated off the body on decaying wood and in non-acid culture fluids. It infests the horse and other domestic animals, and may thence be easily communicated to man. It attacks the epidermal structures, affecting not only the cuticle but the hair follicles, hairs, and even, in extreme cases, the nails.

When located on the scalp, it is called tinea tonsurans; if on the beard, tinea sycosis; if on the body, it is tinea circinata; and when the nails are affected, it is called onychomycosis. It produces an erythematous scaly patch, circular in form or tending to a circular form, finally producing vesicles and tubercles.

Tinea tonsurans is a disease of childhood, is not painful, but considerable itching is present. It is first seen as a pale red or grayish spot covered with scales. The disease spreads by peripheral extension, and may be accompanied with small papules not apt to become pustules. As the fungus penetrates the hair follicles, the hairs become dry and brittle, breaking off, and may finally drop out, leaving bald spots. Soon several points of infection occur, and some of the rings may be observed partly on the scalp and partly on the neck.

The typical appearance of the rings is caused by the disappearance of the disease in the centre as it grows at the periphery. As

the hair follicles are not destroyed, the bald places are not permanent. It is very contagious, and may spread by diffusion of the spores through the atmosphere as well as by direct contagion.

In cachectic children there may be developed patches of pustules forming thick crusts on the scalp and accompanied with enlarged cervical glands. It should not be confounded with *crusta lactea*, neither should alopecia circumscripta be mistaken for *tinea tonsurans*. In doubtful cases a microscopical examination will determine the presence or absence of the trichophyton. A few of the hairs or a little of the epidermis being placed on a slip and covered with a few drops of liquor potassæ, a microscope with a power of 300 diameters will settle the question. It is said if hair affected with trichophyton be placed in chloroform it will immediately turn white, which is not the case with normal hair. The mycelium penetrates the epidermis, the spores are rounded refractive bodies, difficult to stain, and found in abundance about the hair bulbs and in the hair shaft which tends to split and disintegrate.

Tinea circinata is another manifestation of the trichophyton. It occurs on the surface where hairs are absent or very scanty. The spots rapidly increase in size, assuming an annular form by growing from the periphery. It is as liable to attack the robust as the debilitated. *Tinea sycosis* is a disease of the male sex. It begins with round scaly patches on the chin or cheeks sometimes surrounded by minute vesicles.

The spots become larger, swollen and indurated, and finally coalesce, forming large dark-red areas. As the fungus penetrates the hair follicles it causes inflammation of the corium; papules, pustules and tubercles develop. The tubercles are deep in the corium and projecting above the surface produce a nodular appearance. Gradually the hair becomes dry, brittle and broken off close to the surface, and as the fungus penetrates the follicles, the hairs drop out. If the diagnosis is in doubt, the microscope will differentiate *tinea sycosis* from pustular eczema or syphilides. The parasite clusters about the hair shaft and is the same as in *tinea tonsurans*.

In the *Journal of Cutaneous Diseases*, January, 1894, is some late information concerning trichophytosis of the beard, reported by Dr. Sabouraud to the French Society. He claims there are several different species of the trichophyton divided into two classes; the micro-trichophyton and megalo-trichophyton, and further that the trichophytions of large spores are two distinct families.

The megalo-trichophytions of animal origin invade the hair to its

very root, the epidermic sheath of the follicle, and often the surrounding derma, while the megalo-tricophyton of human origin is exclusively limited to the hair and does not pass beyond its external cuticle. Those causing sycotic forms have large spores and are derived from the horse.

The tricophytosis having the form of disseminated moist dermatitis characterized by the lesions in little plaques, but little tender or sensitive, is ordinarily derived from the calf. The dry tricophytosis in the form of ichthyosis pilaris causing little more than pruritus, pronounced roughness of the skin, hair dry and brittle, breaking off short is believed to be derived from fowls.

Treatment.—Care should be used to prevent contamination of unaffected individuals. Internal medication is not required unless the patient manifests ill-health, when the indicated remedy should be administered. The spores have a vigorous vitality resisting many agents which might be supposed inimical to them. The experiments of Schwemmer show that pyrogallic acid, ichthyol, resorcin, corrosive sublimate and iodoform prevent development of the spores. A very cleanly ointment that has served me well is resorcin gr. xxx., lanolin and vaselin each one ounce.

If the disease is on covered parts where the stain is not objectionable, a chrysarobin ointment is often effective. Shoemaker recommends the thorough application of a 50 per cent. solution of boro-glyceride morning and night. It is an efficient parasiticide, allays the irritation and possesses great penetrating power.

The glycerine entangles the spores, preventing them floating off to spread the disease. If this is unavailing, the oleate of copper may be used, from 4 to 10 per cent. strength. Only a small amount need be rubbed in thoroughly morning and night. If the disease is situated on the inner and upper part of the thighs there is apt to be considerable inflammatory action present.

Here it is well to add some soothing astringent remedies. He advises the following ointment :

R.—Acid, carbolic,	. . . . .	gr. v.
Cupri oleatis, ..	. . . . .	gr. x.
Ung. zinci oxidi benzoat, .	. . . . .	oz. j.
M. et ft. unguent.		

Where penetrating action is desired in an ointment, as in endeavoring to eradicate a fungus, the petroleum fats should never be used as a base ; rather use animal fats as lard or lanoline, because

the effect of the drug is thus more certainly obtained. In fact, the petroleum fats, while making a clean, unalterable ointment, actually inhibit the action of the drug. It is well to remember this at all times, for this little point may determine success or failure.

OTOMYCOSIS.

The external auditory canal and membrana tympani are not infrequently infested by a fungus which is usually engrafted upon an abnormal condition of the parts. Quite a number of varieties of fungus may there find lodgment, but all are of the nature of *aspergillus* or *mucor*. The patient complains of itching, dulness of hearing, some stinging pain, and a scanty watery discharge. Inspection reveals a grayish pulraceous mass, more or less occluding the canal or covering the membrane, and often dark spots of sporangia may be noticed on its surface. Examined with a microscope this is found to be a tangled mass of spore-bearing mycelium.

When it is removed, an inflamed and irritable base is disclosed, and unless topical treatment is resorted to the mass soon reappears. A great variety of parasitocides have been used, but it is well to remember that dry medicaments are generally better than liquid or moist applications, because watery solutions supply the moisture needed for the growth of the fungus. Although alcoholic preparations have been successfully used, and are advised on account of the avidity of alcohol for water, still I have found it generally best to carefully remove the growth with cotton on a probe, and then apply a dry parasiticide.

One case that resisted much treatment by another physician was cured by oil of cade one part to vaseline 7 parts. The last case I saw yielded to cleansing and a few applications of boric acid.

I know of no better agent than the powder recommended by Dr. C. H. Burnett consisting of chinoline salicylate one part and boric acid eight to sixteen parts. It usually makes a rapid, safe, and painless cure.

Chalazion is not classed with skin diseases, but is described by authors as a retention cyst of the eyelid. However the last three cases I examined microscopically, showed that two of them were largely a mass of mycelial fungus. This was quite a surprise, and the observation is confirmed by Dr. M. F. Weyman, an accomplished microscopist, who I believe has published an account of them. Sections of the chalazion were made, and presented an appearance of being traversed by mycelium filaments.

To guard against deception, lest there should be interlacing fibrous bands, teased specimens were treated with liquor potassæ, when the extraneous matter was dissolved out, and the unmistakable mycelium was revealed.

An unusual case of parasiticism came under my observation early in 1893.

Dr. J. W. Hingston, of Nebraska, sent me a portion of diseased tissue removed from the fauces of a patient suffering from an intractable disease of the pharynx, which was supposed to be cancerous, and had resisted local and constitutional treatment for months.

From Dr. Hingston's report of the case, I condense the following description :

"Man aged 29. Throat: ulceration of every portion of pharynx and arches, extending on to hard palate, posterior and middle nares, bathed in pus, with angry elevations. Uvula destroyed, arches devastated, tonsils excavated, septum perforated. Probe will pass an inch into various cavities in and about the tonsils. All the underlying tissues hard and unyielding. Rapid destruction has occurred from July 1st, until the present condition December 30th. Voice husky, cough husky without expectoration.

"Bowels: alternate constipation and diarrhœa. General condition: great exhaustion, can scarcely walk up stairs, tires him to walk a block, sallow, lean, forlorn, stooping. I supposed a man in the last stage of consumption was confronting me with a prognosis of death.

"Upon submitting the tissue sent me to a microscopical examination, I was surprised to find it invaded by a network of mycelial fungus, and found some well developed sporangia. Whether this growth was a "*post hoc*" or a "*propter hoc*" I am not prepared to say. The following treatment was instituted: Thorough cleansing with peroxide of hydrogen and c. p. glycerine equal parts by swab and spray, followed by insufflation of aristol, twice a day. This was promptly followed by improvement.

"He also received ars. alb. 30 internally. By February 10th the parts were half healed over, and the underlying tissue losing its hardness, March 25th he resumed his work as a carpenter. He continued perfectly well, until March 1894, since which time I have heard no report from him."

Thus we see a vegetable parasite may be found in unexpected localities, and the clinical test teaches us that wherever they may be, they must be combated with appropriate local treatment. No one

should think this is a falling away from homœopathy, or that homœopathy cannot meet all its indications, but rather remember that by following the advice of Hahnemann by removing the cause, we may be homœopaths pursuing the best and most rational treatment, and "*tuto, cito, et jucunde*," be our motto.

SUPPURATIVE HEPATITIS.

BY C. W. SMITH, M.D., BROOKLYN, N. Y.

(Read before the King's County Homœopathic Medical Society.)

SUPPURATIVE HEPATITIS is a comparatively infrequent disease in this latitude, at least on the Atlantic seaboard of the United States, the climatic conditions most favorable to its development being here less active than elsewhere, as in the Valley of the Mississippi and its tributaries. The disease, however, prevails with greatest frequency in those tropical regions visited by dysentery, where it claims many victims among the European population.

Local physical conditions and over-indulgence in nitrogenous and highly seasoned foods and alcoholic drinks furnish the predisposing causes. Hepatic abscess may be primary, or, as is most frequently the case, secondary to disease in structures in anatomical relation with the liver. Dysentery, frequently that form of intestinal inflammation dysenteric in its nature and limited to the rectum, known as proctitis, ulcerations anywhere in the intestinal tract, stomach or bile ducts, wherever the portal vein receives its branches, as a result of the ulcerative process, a septic influence may be conveyed to the liver. There being a recognized tendency to hepatic abscess in those subject to gall-stones, it is possible that mischief begun by the passage or impaction of these concretions resulting in abscess, may furnish the exciting cause, otherwise obscure, of some cases occurring in this and other localities when the climatic conditions so favorable to its development are inoperative.

The symptoms are general and local, and may be very obscure. Unless the disease be purely idiopathic the symptoms of some antecedent malady, severe, or so slight as to scarcely attract attention, will be suddenly interrupted by a chill, followed by the concomitants of an intermittent or remittent fever, sweating, from a slight moisture to a drenching perspiration, anorexia, nausea and vomiting, slight

jaundice, marked mental depression, sleeplessness, and if the disease be prolonged, typhoid symptoms.

Locally, pain, varying according to the seat of the abscess, tenderness, throbbing, enlargement of the hepatic region, fluctuation. The local symptoms are subject to such modifications as to render them of uncertain diagnostic value. There may be acute pain or merely a feeling of uneasiness, fulness, or dragging. Fluctuation is obviously a most uncertain symptom. The enlargement may be enormous or slight, and Bartholow declares that abscess may exist without any enlargement.

CASE.—On the afternoon of January 30, 1891, was called to visit Mrs. M —, a widow of middle age, rather fleshy, and of sanguine temperament, who was then acting as nurse to a parturient woman. The messenger said she had “pain in the stomach.” I found the patient in bed writhing and moaning with pain. The pain, which extended over the entire abdomen was constant, but subject to exacerbations of exceeding severity, during which the woman was compelled to cry out. There was no tenderness on pressure, nor did there appear to be any central point of pain. The knees were drawn up during the paroxysms, but the result of pressure was negative. Nausea was constant and vomiting occurred at frequent intervals. After continuing severe for several hours the pains gradually subsided so that when I called early next morning the patient informed me that she felt no constant pain, but a general feeling of soreness over the abdomen, and on movement; and with every full inspiration a sharp, stabbing pain through the right hypochondrium to the back. The pulse was accelerated but temperature normal, and there was a slight icteric hue to face and eyeballs.

The next day, February 1st, the patient was slightly improved. There was less pain in the region of the liver, the stomach was tranquil, nourishment taken and retained, the temperature normal. Still the woman was not rallying as I was accustomed to seeing patients do, from what appeared to be an ordinary bilious attack with a congested liver, ushered in by an unusually severe colic. I judged the case to be non-inflammatory, there being no febrile movement. On February 2d, the fourth day of the illness, the temperature rose to 101° F., the other conditions remaining unchanged. It now being evident that we had a case of hepatitis to deal with, it was deemed necessary to remove the patient to her home, about half a mile distant, which was done the following day; that night she had a violent chill followed by fever and sweat. In the morning the temperature was 101.8°, pain in the right hypochondrium continued as before; the area of hepatic dulness was increased upward; there was anorexia, occasional nausea and slight icterus. From this time to the 8th the fever continued remittent, with irregular rigors and profuse sweats. On the morning of the 8th the temperature was normal.

Next day the temperature began to rise again, and another period of seven (7) days ending with the 15th, witnessed about the same train of symptoms, rigors, hectic and profuse sweats; increasing dullness in the right chest, a dry cough developed and the respiration was markedly accelerated. The patient's decubitus at this stage was quite characteristic, being almost constantly the right latero-dorsal position.

As this case was one of intense and painful interest to the attending physician and is only reported because it illustrates some of the difficulties of diagnosis, and how the solid ground on which a man believes he stands may turn to treacherous quicksand beneath his feet, the writer may be pardoned if his report assumes something of a personal nature.

This woman was widely known and thus the recipient of many calls. And so it came about as the case progressed and became more and more desperate that doubts as to the doctors knowing what really was the matter breathed in the air. I had made the diagnosis of abscess of the liver and maintained it up to this time. At first the case presented evident bilious symptoms; as jaundice, vomiting of bile, etc., and the friends readily believed in the existence of liver trouble; but now the gross appearance of the case did not suggest hepatic disease.

There was no jaundice, or so slight as to be scarcely noticeable, but a sallow, earthy complexion with a hectic flush on the cheeks; dullness on the right side extending from the lower border of the ribs up to the third intercostal space, total absence of the respiratory murmur, dry cough and rapid respiration. As the totality of the objective symptoms presented themselves I felt the ground slipping from under me; all that remained to substantiate the diagnosis was the history. The symptoms were now identical with those of empyema. True the exploring needle might settle the question for or against pus in the pleural cavity, and it did in a measure. At this juncture, by my request, counsel was called in. Without openly disagreeing, it was evident that he was not impressed with the idea of hepatic abscess; but very courteously gave credence to the history of the case, and after using the aspirator, which drew only blood, informed the family that the trouble was probably the liver. A second physician, called in consultation later on, while very sympathetic, was even less encouraging and fairly swept away the frail structure on which we stood and left us floating in a sea of doubt and despair. The patient meanwhile progressed rapidly towards

death. After the 15th the temperature again rose, with rigors more severe and drenching sweats. Typhoid symptoms supervened and the patient died of asthenia on the 28th about one month from the beginning of her illness.

The relatives being more than willing, a post-mortem examination was made by Dr. Blackman in the presence of Dr. Hasbrouck and myself. The liver was found enormously enlarged upward, the right lung being compressed to the third rib; on section both lobes of the liver poured forth pus, which completely honeycombed that organ. No fluid was found in the pleural cavity. The body was not examined further.

The recognition of suppurative hepatitis may be easy or it may be fraught with many difficulties. Some of the diseases with which the malady may be confounded are, cancer, hydatids of the liver, abscess of the walls of the abdomen and empyema. And it is doubtless the unrecognized cause of illness in some cases of obstinate remittent fever with a septicæmic tendency. Cancer and hydatids may be differentiated chiefly by their slower development and being more febrile; abscess of the abdominal walls is more difficult to distinguish; but the greatest similarity exists between empyema and those cases of hepatic abscess which present great enlargement upward. Here the physical signs are the same and the diagnosis cannot be established on them. Great reliance is placed on the aspirator as a means of differentiation, but the needle may withdraw pus in either case; a microscopical examination of the pus may then decide; but in such a case, more than upon anything else, the diagnosis depends upon a knowledge of the history, and this is the point we wish to emphasize. With such knowledge a physician of ordinary intelligence may understand his case, while without it the most astute diagnostician may be baffled.

Of the treatment it seems unnecessary to speak. What we considered to be the homœopathic remedy was given throughout, except that at one time a few grains of quinine were administered.

CARE OF THE BUCCAL MUCOUS MEMBRANE IN SEVERE FEBRILE DISEASES.—Prof. Aufrecht, in grave febrile diseases, recommends local application of glycerine to the mucus of the mouth and tongue. As soon as the patient's mouth begins to become dry, every two hours, or even more frequently, glycerine is plentifully painted upon the tongue by means of a brush; thus some of it may reach the mucous membrane of the mouth and pharynx. With this measure he has prevented crusted coatings from accumulating on the tongue from fissuring. He has employed it for years, and out of 1112 cases of typhoid fever he has only observed two cases of arytenoid perichondritis and no case of parotiditis; this he ascribes to this measure.—*Munchener Medicinische Wochenschrift*, No. 24, 1894.

SOME CONSIDERATIONS ON THE TREATMENT OF PURULENT INFLAMMATION OF THE MIDDLE EAR.

BY R. S. COPELAND, M.D., BAY CITY, MICH.

(Read at the meeting of the Homœopathic Medical Society of the State of Michigan, May 15, 1894.)

FOR convenience we may make this classification in chronic purulent otitis media: Simple chronic and complicated chronic.

By "simple chronic" I mean those persistent, long-standing cases where neglect or bad treatment has allowed an acute inflammation of the middle ear to pass over into a simple chronic inflammation analogous to such inflammation of mucous surfaces in other parts of the body. Likewise, as such inflammations elsewhere are first characterized by hypertrophy of tissue, which afterwards becomes atrophied, so in the ear. The blood supply is limited, and directly we find breaking down of the tissue covering the ossicles, particularly the malleus and incus. Extension of the ulcerative process to the periosteum of the little bones causes them to become denuded of nature's covering, and the next step, as with their larger fellows, is caries. Allowed to progress, the disease may eventually reach any and, in extreme cases, all of the bony structures about the middle ear. Where we find actual solution of continuity the case becomes, under our classification, complicated chronic.

This gives enough of pathology for the purpose of this paper, and without further introduction we may proceed at once to a consideration of treatment.

In acute cases, keeping the ear cleansed and the administration of the indicated remedy, will usually cure. The mistake often made in these cases, in my judgment, is that the prescriber confines his study to too few remedies. Usually, the only ones thought of are hepar sulph., silica and mercurius. I can see no good reason why one of these three remedies must be indicated in every case. The practitioner, who is ever on the alert to study general conditions, is often more successful in the choice of his internal remedy for acute suppuration than the specialist, who more frequently deals with the disease in its most chronic form where symptoms are few and far between. I am convinced that the specialist too frequently resorts to local measures alone, and gives himself and his patients needless

trouble simply because he neglects to observe and prescribe upon general conditions. This may be a trite saying, but I find *myself* so often falling into routine practice in the treatment of these cases, that I feel it will do to repeat the warning. I am really sorry that we draw such a sharp line between local and internal medication. It is usually the case that any given physician holds to the belief that the indicated remedy is alone needful, and local methods are unnecessary and, indeed, harmful, or the reverse is true. Our text-books give local measures most space, and then say, "for internal remedies compare hepar, silica, etc." It seems to me that we should forget local conditions, except as they are guides to the remedy, and first study our patient with a view of choosing a remedy on the "totality of symptoms." After that point is thoroughly and definitely settled, and not till then, may we with safety consider local measures.

The old method of treating surgical cases was by open dressing and frequent cleansing; results were not good. Now, scientific surgery applies dry dressings and air exclusion; results are good. Likewise the old way of frequent syringing and application of oils and ointments in the treatment of suppurative otitis was unsatisfactory. Better, the careful wiping of the ear with absorbent cotton, and the application of impalpable powder of boracic acid, as more lately recommended. I do not care to take your time with questions or methods already well known, so enough on this point.

Chronic cases are more puzzling and frequently baffle every effort. Where a patient for months resists treatment, in my opinion, the chances are there is some serious constitutional dyscrasia. If a child, I should suspect a tendency to phthisis. It is in the simple chronic form of suppurative otitis where, in my experience, most dependence should and must be placed upon the internal remedy. Our *Materia Medica*, with its infinitude of resources, gives us an immense advantage over other schools of practice; so if we remember the old maxim, "Treat the patient, and not the disease," we may accomplish wonders.

Without stopping to comment further on the simple chronic form, I wish to call your attention to the cases which are complicated in their chronicity. As you remember, under our classification, these are cases where there is necrosed or carious bone.

Burnett, in his late work, makes this statement: "If antiseptics (and I will add *similia* R. S. C.) fail to check chronic purulency in the drum cavity, it is irrational and contrary to the teachings of modern surgery not to remove the necrotic element." The same

author recommends excision of the membrana tympani and ossicula, and this, I believe, is the generally accepted method of dealing with such cases.

The operation of excision necessitates general anæsthesia, good light, delicate instruments and skill in their use. Not every patient with this disease, even as last resort, will submit to chloroform or ether; nobody but a specialist can perform the operation. More than this, even where excision of the ossicles is skilfully done, there is more or less inflammatory reaction. The patient is subjected to the danger of extension of the inflammation and serious results. Conservatism in surgery is the golden rule of practice, and if we can find a safer method of removing the dead tissue, we should employ it.

In the *Medical Century* of last December I called attention to the use of a surgical solvent in these cases. Since the appearance of that article I have noticed the reply of Dr. Bryson, who claims that the late Prof. Liebold made use of a digestive ferment, although of a different nature, in the treatment of similar cases. I have not taken the trouble to investigate misstatements, which I have no doubt were made kindly and with a knowledge of the facts, because it makes no difference to me, and certainly not to the profession, who first applied the principle. So far as I knew mention of a surgical solvent in this disease had never been made. If Prof. Liebold and others have used this treatment, it is a matter of surprise to me, that the idea has not become generally known and acted upon. The reason why, probably, is because the remedy was not indicated in many of the cases where applied, so failure to relieve the patient has discouraged further investigation. In my judgment a digestive ferment is of no use whatever in suppurative otitis except there be *actual death of tissue* as a complication of the disease.

In the use of a digestive ferment, the method of procedure is about as follows: After clearing out the ear carefully, with an antiseptic solution and completing the cleansing process with a few drops of peroxide of hydrogen, the chosen solvent is applied.

Any form of *pepsin*, *extract of pancreas*, or *papoid*, diluted properly, I presume will do the work, but I have used almost exclusively the *glycerinum pepticum* of Fairchild. I prepare the ferment according to the manufacturer's formula as follows: In a test tube heat a half ounce of water to about 115° F.; with this mix one-half drachm of *glycerinum pepticum* and two drops hydrochloric acid c. p. (8 drops dilute acid U. S. P.).

Place the patient in a comfortable position and fill the external canal with the solution. Allow it to remain half an hour, and at the end of this time the liquid will usually be thick and black. Syringe the ear carefully, wipe it dry with bits of absorbent cotton, and insufflate the cavity with boracic acid. In four or five days repeat the process. Ordinarily the ear will remain dry, sweet and clean after the second or third treatment.

After an experience of nearly a year with this remedy I am convinced that it is invaluable in the treatment of these heretofore unsatisfactory cases. I realize that many disappointments will arise in its use, but it is also true of other remedies that unless indicated they are failures. Its field of usefulness is limited, but in its field a digestive ferment will be found of great value.

In closing let me beg of you not to neglect these cases of "running ears" met with so frequently in practice. It is in their acute stage, where there is every prospect of a cure, and the longer they run the more serious they become. This disease is not "outgrown" and there certainly must be a decided drain upon the system in every case, even though life may not be lost through the fatal complications which ever threaten, like the sword of Damocles.

EXTRACTION OF TEETH WITHOUT PAIN.

BY F. H. PRITCHARD, M.D., WEAVER'S CORNERS, OHIO.

EXTRACTING teeth forms quite an important little element of the daily work of the general practitioner in the country and the small towns where there is no dentist, and as a rule it is regarded as a disagreeable but necessary duty to be met, yet there is no part of the country doctor's work which gives better returns in an incidental way than this very work, if it be well done. A physician who has earned the reputation of extracting teeth skilfully will be much sought out by sufferers far and near. If he can extract them painlessly, he will fasten an important and attractive appendix to his reputation, and this business will grow into quite a well-paying part of his practice. The great difficulty with country people is that they allow their teeth to decay away and come when, after a series of toothaches, they can hold out no longer, and ask to have a hollow and frail shell, with a very firm and deeply-fixed root, extracted.

That renders a good set of forceps necessary, that all varieties of roots may be dealt with, and here I have found the various kinds of alveolar forceps of great value.

The basis of nearly, if not all, local anæsthetics in extracting teeth is cocaine, modified, more or less, with other agents added, to aid anæsthetic influence or antidote in the bud the disagreeable effects of the anæsthetic. I first began with a two per cent. solution, with the addition of strong carbolic acid and atropine as an antidote. This worked fairly well in the majority of cases, though it was rare that I could draw a tooth entirely without pain, though it was greatly mitigated. I had two poisoning cases of moderate severity and lost confidence in the formula. I next tried one which I picked up from a French journal, where, with a four per cent. solution of cocaine, carbolic acid was included, and thirty drops of nitro-glycerine were added as an antidote to nip any possible disagreeable symptoms in the bud. This worked badly, for although the dose of cocaine was strong enough, the nitro-glycerine was too strong; indeed, so strong as to knock the cocaine entirely out of the arena and to cause bleeding after every extraction. I then reduced the amount of nitro-glycerine to five to ten drops per ounce of solution, and got along best with this solution: cocaine, grs., xx.; strong carbolic acid, gtts., viij; nitro-glycerine (1:100 solution in alcohol) gtts., x. and boiled water, 5j. Fill the syringe and plunge the needle quite deeply at about a half inch down from the margin into the gum, and go down as closely to the bone as one can conveniently without scratching the point of the needle on the root; then inject from two to three drops of the solution. While the syringe point is still sticking in the flesh, massage the gum gently with the tip of the finger that the anæsthetic be well scattered through the tissues. Then slowly withdraw the needle and introduce it again at the other corner of the tooth, if it be, for example, an incisor, and repeat the procedure. In general, it may be said to hold that to insure good results one should saturate the tissue of the gum around the tooth with the anæsthetic, otherwise the result will be unsatisfactory and the patient will experience pain. Inject at the base of each root, both on the external and internal side; thus, for a lower molar, four punctures are necessary, two externally and two internally. This is the rule laid down by Viau, *Formulaire Pour les Maladies de la Bouche et des Dents*, Paris, 1893. With a properly guarded four per cent. solution, in a robust and strong patient, one may safely insert an injection between these two. The mentioned massage is requisite to obtain good re-

sults, and it is best done while holding the syringe-needle still in the flesh with the other hand and rubbing with the index finger of the free hand. Do not let the patient swallow his saliva after injection, for it is charged with cocaine. Wait a minute or so for the drug to act before applying the forceps. There is a great difference in the gums of different subjects: some are firm and vascular, and others flabby and loose; while still others are bleeding and overvascular. A hard and firm gum is more easily anaesthetized, and retains the solution better than a flabby gum, nor is so much anaesthetic required. In the latter case inject more and massage carefully, being certain that the solution does not flow out when withdrawing the needle, or run out with the blood from the easily bleeding vessels. Therefore, hold the needle in place after puncture and massage. Above all things keep the needles aseptic, or you will have suppuration. I have my patients rinse their mouths with a solution (five per cent.) of boric acid, both before and after extraction. Always ask your patient as to a history either in his or his family's case as to hæmophilia. Women during menstruation are prone to bleed freely, after tooth extraction. I had a case that bled very profusely all night after extraction of two teeth. Possibly the atropine in the solution might have had something in aiding it, though that is doubtful. (Atropine has been employed as a hæmostatic in puerperal hæmorrhages by Russian writers).

I know that nitro-glycerine will cause abundant bleeding if used in too large a dose, several drops of 1:100 solution. Ergot and a cone-shaped cork fitted into the cavity with pressure by biting down upon it will control this. If your hypodermic needles break off do not throw them away, but sharpen them up on an oilstone and they will be better than ever for such work. Needles that are reinforced a greater part of their length are far better and stronger. A syringe with heavy and broad finger rests is requisite for good work and to force the fluid well into firm gums, yet the smaller the needle in calibre the better. The drug cocaine is a drug that at all times should be respected, and both eyes kept open for the first signs of poisoning, though with nitro-glycerine in the proper antidotal dose there is but very slight danger. No solution stronger than four or five per cent. should be used and only guarded by an antidote in the solution itself. Of these are two which are reliable: nitro-glycerine and amyl nitrite. The former is the more reliable of the two. There is a great difference in persons as to susceptibility to cocaine. Some will stand a strong solution with ease, while others will mani-

fest symptoms of poisoning from a one-half per cent. solution when least expected or when, from their physical appearance, one would scarcely look for it. It is a safe general rule to proceed with care in very nervous patients with weak circulation, and, above all, in those who are anæmic and neurasthenic from causes that exhaust nervous vitality. Even patients who are apparently in good health but who are weak in vital resistance will show disagreeable symptoms and in a short time. My most disagreeable experiences I had with two per cent. solutions. There was great nervous excitement, delirium, singing, crying out and a general state of talkativeness and happiness preceding, followed by cold hands and feet, a nervous chill with feeling of great weakness and coldness, weak pulse and pallor. Whiskey is often employed here, but it is unsatisfactory, for its action is slow. Nitro-glycerine will remove all the symptoms of weakened circulation and possibly the delirium in a few minutes, while whiskey takes a half an hour in severe cases. Digitalis is too slow. Amyl nitrite is also recommended by a recent German writer, though I have never had occasion to be dissatisfied with nitro-glycerine. For instance, in a strong German farm-hand of nineteen years I injected about eight drops of a four per cent. solution not containing nitro-glycerine into an upper bicuspid root, and extracted it. He immediately complained of vertigo, faintness, coldness, became pale and clung to a post for support. I gave him one drop of the alcoholic solution of nitro-glycerine, 1:105, and in less than a minute he felt relieved. That is the advantage of nitro-glycerine; it acts rapidly and is not as evanescent in its action as that of amyl nitrite. Viau, Professor of Dentistry in the Dental School in Paris, states cocaine to be contraindicated in the following states:

1. In the very nervous.
2. In certain states of anæmia.
3. In all forms of aortitis; in cases where the myocardium is weakened and in all cases where either endocardium or pericardium is diseased.
4. In all forms of angina pectoris either true or false and in patients with convulsive affections of the respiratory tract; in the very timid, for fear itself is a vaso-constrictor.

There are a number of secret preparations sold under different names which apparently do excellent service, but it is beyond a doubt that cocaine with other modifiers is the basis of all and as I have observed from analyses that certain of these compounders do not hesitate to employ solutions that are not only so strong as to be

dangerous, but even criminally foolish, I have never used them for fear that I should have a death on my hands. No one knows how much cocaine they contain and that is where the danger lies. The cocaine pigments for external application to the gingival mucous membrane I have never dared employ on account of their elevated proportion of cocaine, 20 to 30 per cent. The mucous membranes absorb the drug very rapidly and death may ensue. The French writers claim that one should never exceed a 1 or 2 per cent. solution. Yet even with safe solutions there are certain teeth that cannot be extracted without more or less pain. Certain people are unaffected by cocaine even if under the influence of a strong solution. In peridontitis with severe pain the cocaine will exert but little influence upon the necessary pain of extraction.—In *HAHNEMANNIAN MONTHLY*, No. 3, p. 181, on diagnosis of the different kinds of toothache.

TWENTY-THREE CASES OF CATARACT.

BY L. W. JORDAN, M.D., INDIANAPOLIS.

(Read before the Indiana Institute of Homœopathy, Indianapolis, May, 1894.)

THE following is an analysis of my last twenty-three cases of cataract: Whole number treated, 23. Number sustaining operations on both eyes, 6. Women, 6; men, 17; youngest, 16; oldest, 99. Number below the age of 36 was 5. Number above the age of 60 was 18. Average age was 57. Senile cataract, uncomplicated, 14; soft cataract, complicated, 1; traumatic cataract, 3; congenital and complicated, 2; 29 were blind in both eyes totally or to the point of loss of reading and working power; the three traumatic cases and one senile cataract had good vision in one eye. The two traumatic cases were enjoying good sight up to the time of the accidents—one referred to me by Dr. O. S. Runnels, the other by Dr. Sollis Runnels. The congenital cataracts, two, were blind from youth. They each sustained operation on both eyes.

One of the complicated cases, referred to me by Dr. J. D. George, had been blind seven years, and lost one eye by operation before she came into my hands. One case had been blind, so as to be led, for ten years. The one soft cataract was operated on both eyes by removal or extraction. One of the complicated senile cataracts was seventeen years blind, and was led about for four years with one eye

lost by operation before I took the case. One of the congenital cases had no iris in either eye; lenses were but one-fourth size, and he had been refused operation by different surgeons.

Results.—Out of the 30 operations, 28 eyes were restored to ordinary reading power; 12.28 had vision to read print and newspaper print; 26 could read finer print than ordinary. The two failures fell on those who still had another eye for operation. One failure was from unruliness of the patient, spoiling the operation by violent shutting of the eyes after the operation. The other was from the decrepitude of age, being within one year of a hundred. Of the traumatic cases, all were restored to sight in the eye injured. Of the 2 congenital cases, 1 sixteen, the other twenty-one, each were restored to reading power for ordinary newspaper print. The 1 soft cataract had reading power restored to both eyes.

Of 12 operations on 6 people, 11 eyes were restored to sight of reading power, and the 1 remaining could have been if he had remained for a needle operation. Of the whole number—23—21 of whom were blind at the time of operation, and one, Dr. Kitchell, of Nobblessville, soon blind in the one not operated on, 21 were restored; can now see to read ordinary print and see well at a distance, or could up to the time of death.

TUBERCULAR MENINGITIS.

BY CHARLES M. GALE, M.D., RUTLAND, VT.

(Read before the American Institute of Homœopathy, Denver, June 16, 1894.)

IN selecting tubercular meningitis as the subject of my paper, my object was to call attention to a disease that I believe is often overlooked by general practitioners until the case is too far advanced for treatment of any kind to be of any use whatever, and we are forced to stand by helpless, admitting that when the disease is well established medical science can do nothing to change the fated result, and very little to make the little patient comfortable.

I have endeavored to make the paper more practical than scientific, emphasizing preventive rather than curative treatment. I have been obliged in treating of the causes and symptomatology to follow the disease as outlined by Pepper, Arndt, and others, in standard works by those authors, for which I wish to make due acknowledgement.

The disease is characterized by a deposit of miliary tubercles on the surface and in the substance of the pia mater of the brain, followed by effusion of lymph and later of pus.

Synonymous terms are: Scrofulous meningitis, granular meningitis, and, by ancient writers, all inflammations of the brain, both acute and chronic, dropsical or meningeal, whether tubercular or simple, were called hydrocephalus; and it remained for Papavoine, as late as 1830, to call the attention of the profession to the tubercular form of the disease, showing the tubercular deposit in the meninges to be coincident with similar deposits in other parts of the body.

The distinction between simple and tubercular meningitis was first demonstrated in this country by Dr. W. W. Gerhard, of Philadelphia, in 1833, when he showed by the report of thirty-two cases, with autopsies, that in all but two, tubercles were found in other parts of the body, and in these two cases the autopsies were not properly conducted.

Etiology.—The causes of this form of meningitis are predisposing and exciting. The predisposing are hereditary tendencies, a history of tuberculosis in one or both parents, or even more removed antecedents, a general constitutional weakness, what we term puny or feeble children, are predisposed to the development of tubercles in the brain.

Such a child, under bad hygienic surroundings, with improper or unwholesome food, is a fit subject for the disease. Thus, the disease is more common among the poorer classes, though not confined entirely to this class. We find cases where it is impossible to assign any predisposing cause; for instance, one child in a family of several with no hereditary history, will fail to develop and grow strong like the rest; be persistently feeble, poorly nourished, finally develop the characteristic symptoms, pass through the different stages, and die of genuine tubercular meningitis.

It is this class of patients which I wish particularly to call attention to, and by proper treatment and advice ward off the disease.

For the exciting causes, it may be said that where there is any predisposing cause, or hereditary tendencies, anything that tends to reduce the vitality of the subject will precipitate the disease.

In infants, the pernicious habit of fond parents to show off the intellectual attainments and brightness of the child, teaching the child to talk, sing, repeat baby stories, and the various modes resorted to by attendants to prove that the child is the smartest one

in the neighborhood ; this habit, by developing the mental system out of proportion with the physical, tends to develop the disease.

I think it is a fact, that, as a rule, a majority of the children that become victims of this disease are naturally precocious. All the acute diseases peculiar to childhood, such as eruptive diseases, intestinal disturbances, teething, etc., serve as exciting causes.

The disease may also follow an injury to the head, or extending from caries of temporal bone from disease of the middle ear, though simple meningitis is the more common sequence of these conditions, according to statistics.

More cases develop in the winter months than otherwise ; probably due to bad air in crowded or poorly ventilated houses. Males are more prone to the disease than females.

Symptomatology.—The disease is most frequently observed between the ages of 2 and 7 years. For convenience in describing, the disease may be divided in four stages :

1. Invasion. 2. Excitement. 3. Depression. 4. Recurrence.

In very rare cases the state of invasion is wanting entirely or apparently so, still I believe even these cases under close and intelligent observation would reveal some symptoms of what was coming, and by prompt action by way of advice and treatment, the fatal issue be averted. It is during the prodromic stage and stage of invasion that the physician must do all his work to save the child, and with our homeopathic remedies, intelligently prescribed, many little patients can be saved from the incurable second stage.

The stage of invasion is preceded by a prodromic stage varying from a few days to weeks and often-times months. The characteristic symptoms of this prodromic stage are first a change in disposition, the child becomes irritable, peevish, perverse and determined, a naturally tractable child becomes unmanageable, will strike and bite, and is often times injudiciously punished ; again the child becomes sad, taciturn, apathetic, indisposed to play, sitting apart from his companions with an unnatural vacant expression, his appetite is fickle, with craving for different things usually unsuitable, or there may be loss of appetite entirely. There is usually emaciation and impaired digestion. The child is restless at nights, grinds his teeth, has nightmare, wakens frightened or has strange fancies and delusions. Sometimes these delusions become permanent for a long time. One of the most characteristic symptoms of this stage is when the child will waken with a scream, or will sit up in bed and shriek. There may be headache at this stage, though this usually forms a

prominent symptom later in the disease. There may be some squinting and twitching of the facial muscles. Many or all of these symptoms are often so slight that they pass unnoticed till too late, but not one of them should go unheeded by a careful physician.

Another peculiar misleading condition, characteristic of this prodromic stage is that these symptoms often remit from time to time and friends and physician think the child has recovered his health, only to be summoned a little later to find the first stage fully developed, and graver symptoms present. You may find the child has had a convulsion, or lies in a comatose state, or unequal dilation of pupils, or twitching of limbs.

The child complains of headache, is sensitive to light and sound, vomiting without nausea, and fever. The latter varies from time to time, seldom higher than 103° F., and inclined to remit with no regular curve, though usually higher at night than in the morning. The pulse varies like the temperature and is usually slow, irregular and intermittent.

The respiration is irregular with frequent sighing which is characteristic of this disease. Tongue dry, coated in centre and red at edges. During sleep he occasionally utters a loud sharp cry without awakening, the *cri encephalique* so characteristic of the disease and so ominous to the physician.

With the above symptoms you have a typical case of tubercular meningitis in the first stage. These symptoms go on gradually, increase in severity. The apathy increases, eyes less sensitive to light though he shows an inclination to turn towards the wall of the room, or bury the head in his pillow. Appetite all gone, constipation obstinate, slowness and irregularity of pulse and respiration, with rapid emaciation, and sinking of belly. Soon the child becomes more drowsy, from which he can be aroused but soon relapses. After a week or so of these symptoms the child shows signs of disturbances of nerve centres due to increased exudation and pressure at base of brain. This is manifested by strabismus, twitching of facial muscles, grimaces, etc. He becomes more drowsy, from which it is difficult to arouse him.

Sometimes in the midst of all these alarming symptoms, the child will suddenly show signs of improvement. He will awaken from his lethargy, recognize those about him, take food, and in other ways indicate recovery. Parents manifest hope of recovery and even the physician begins to doubt the correctness of his diagnosis. Such hopes are soon banished as the symptoms soon return and the second stage is fully developed.

The transition from the first to second stage is only perceptible by the serious character of all the symptoms. The child is now entirely insensible to all efforts to arouse. The face is pale, eyes half closed. Anterior fontanelle if still open is found bulging and the scalp covering it is tense from pressure of the effusion beneath. The limbs are flexed or extended in angular form; the head is drawn back and buried in pillows, and constantly rolling from side to side; pupils dilated, sometimes unequally; eyes injected, glassy, and a peculiar gummy substance is secreted by the meibomian glands; child draws a deep breath now and then, respiration interrupted and irregular, and occasionally utters the loud piercing shriek.

There is paralysis of different parts of the body. Urine and fæces passed involuntarily. As the disease approaches the fatal issue, which at this stage is near at hand, there is a marked increase in pulse and respiration, due to complete paralysis of the pneumogastric from pressure. The pulse runs up to 120 and to 160, convulsions follow and death ends the scene.

I have thus endeavored as briefly and concisely as possible to give the prominent symptoms and stages of a typical case of tubercular meningitis. For the practical purposes of this paper it does not seem necessary to take up the pathological lesions of the disease, but some features of the symptomatology should be emphasized. While I have described the disease in its various stages, it seldom ever runs a typical course, for oftentimes many symptoms in the prodromal and first stage are entirely wanting.

Inclination to remit in all stages is a characteristic of the disease. Unequal dilation of pupils may be said to be considered a reliable symptom of beginning trouble, and should attract our attention and call for prompt action. The irritation and change in temperature with restlessness, crying out in sleep and sudden vomiting without nausea, are constant symptoms of the premonitory stage and should cause alarm.

The irregular pulse and respiration are sure indications of progress. The temperature is of very little help in diagnosis. The coated tongue and offensive breath are not infallible but help to make up the case.

Diagnosis.—Usually the disease offers but little difficulty in diagnosis, especially after well developed; although none of the above symptoms singly are pathognomonic of the disease, still taken as a whole, considering age, antecedents and previous health, you have a case not easy to mistake. The real trouble is in the very early stages before all symptoms are developed. Then it is sometimes difficult

to say that it is the beginning of brain disease, and this is the critical time in the disease. A failure to recognize the importance and meaning of these symptoms will turn the case from possible recovery and gratitude of friends to sorrow and death.

The diseases for which tubercular meningitis is most likely to be mistaken are acute simple meningitis, early stage of typhoid fever, acute gastro-intestinal disturbances, worms in intestines, teething, the hydrocephaloid disease of anæmia and cerebro-spinal meningitis.

Acute meningitis is distinguished by its sudden invasion without prodromatous stage, family history, previous health, intensity of symptoms and duration, which is much shorter.

The early period of typhoid resembles meningitis, but the coated tongue, diarrhoea, enlarged spleen, tympanites, abdominal tenderness and gurgling, the eruption and the characteristic temperature curve, will decide the diagnosis.

Intestinal irritation from worms very closely resembles tubercular meningitis, and is at first very hard to differentiate, but a close observation of the case, family history and course of the attack, high temperature, etc., after careful analysis ought not to mislead very long in the case.

The hydrocephaloid condition spoken of is due to exhaustion and nervousness, caused by improper nourishment, or impaired digestion, and thus readily excluded.

Cerebro-spinal meningitis, usually epidemic, is distinguished by sudden and acute attack, intensity of symptoms, the eruption, and prominence of spinal symptoms. There are rare cases of cerebral irritation, which closely simulate tubercular meningitis. When it is impossible to say just what the matter is, sometimes called cerebral congestion or brain fever. Such a case runs a longer course with varying symptoms, all pointing unmistakably to brain affection and finally gets well. There is nothing to do in such a case but to withhold a positive opinion, treat existing conditions as we find them and wait.

Prognosis.—After the case has passed the prodromal stage and progressed to the second with deposit of tubercles, the prognosis is very grave, and even should we succeed in staying the disease of the brain, it is only to see tuberculosis of the lungs develop, or a recurrence of the brain symptoms.

Pepper in his work on *Diseases of Children*, says: "That in almost all cases of reported recovery, the diagnosis was erroneous." Under homœopathic treatment, with the brilliant effect which we

often get from our remedies, we can report many cases of recovery in genuine tubercular meningitis.

Treatment.—Treatment of this disease is unsatisfactory to say the least. Early diagnosis of the disease and prophylactic treatment is of the greatest importance, and in fact, as I have said, offers all the hope we have to prevent a fatal issue. Early recognition of the disease in the premonitory stage gives us a field for good results with our homœopathic remedies and proper hygienic surroundings. Every effort should be made to protect children from tuberculous parents or near relatives, who are puny and delicate, or who show any constitutional or so-called scrofulous tendencies, from tubercular meningitis, by placing them in the best possible hygienic conditions. They should have pure, dry air, wholesome, nourishing food, outdoor exercise; prohibit all mental development; if in school order them out, avoid all fatigue of mind, or excitement; sleeping-room well ventilated and regular tepid baths should be given followed by friction with towel wrung out of strong salt water; change of climate is of the greatest importance.

Remedies.—*Calcarea carb.*, *calcarea phos.*, *calcarea sulph.* and *kali carb.* are the principal remedies for constitutional treatment; *calcarea phos.* is one of the best and should be followed for weeks.

Calc. carb. for characteristic *calcarea* patient, fat and slow.

If glandular enlargement, *calc. iod.* should be substituted with an occasional dose of *sulphur*.

Bell. for the fever and headache will be beneficial. If symptoms of effusion, *bryonia* should be given followed by *apis*. After effusion *helleborus niger* will do efficient work.

Dr. J. Compton Burnett in his work on *Tuberculosis* reports many cases of genuine tubercular meningitis cured with his *tuberculinum* in the 30th and 200th potency. I have used it myself with apparent wonderful success. Still I am not yet prepared to indorse all that is claimed for it. I am sure it has a place and is entitled to honest and faithful consideration in treating tuberculosis.

Dr. T. F Allen emphasizes the power of *kali carb.* in tuberculosis. *Kali carb.* patient like *calc. carb.*, may be fat, flabby and exhausted, but is always anæmic. Chilly, *never has fever*, and worse from exposure—especially damp air. This is a powerful constitutional remedy in the early stage of tubercular meningitis and should not be forgotten.

CORRESPONDENCE.

THE BLOOD OF EELS A TOXIC POISON.

EDITORS HAHNEMANNIAN MONTHLY:

IN an article in the August number of the *Popular Science Monthly*, entitled "Form and Life," by M. Georges Pourchet, is the following remarkable statement:

"A recent discovery has further cast a very striking light on that mysterious relation that connects the chemical constitution of beings with their external form. Aside from the serpents, only a few vertebrate animals are known that distill venom. On the other hand, notwithstanding the deep organic differences that remove the fishes from the reptiles, we find a few among them—the conger, the eel and the sea-eel—that have the appearance and almost the form characteristic of snakes. Prof. Masso has lately shown that the blood of these fishes with the shape of a serpent is poisonous, even very poisonous. Half a thimbleful of eel's blood injected into a dog is enough to cause the animal to fall dead, just as if it had been bitten by a rattlesnake. What is the connection between the presence of this poison in the blood of the eel and the shape of its body?"

This should lead to further investigation, especially by members of our school. It would be an easy matter to ascertain—and with safety—whether an attenuation, by trituration with sugar of milk, and by provings on the healthy, whether this toxic substance would be of value in our therapeutics. I presume no person has ever eaten an eel uncooked; so we do not know to what extent the blood taken unchanged into the stomach would be poisonous.

If attenuations of *crotalus*, *lachesis* and *naja* will cause pathogenic symptoms, why not the blood of the eel? When the organic liquids—the juice of the testicles, thyroid glands, brain and heart—was first introduced, it was taught that they must be injected hypodermatically. Dr. Hammond has disproved this, and asserts that a few drops placed on the healthy tongue will develop constitutional symptoms.

Let some of our physicians who are ambitious to introduce new and unique remedies, try this one.

E. M. HALE, M.D.

Chicago, Ill.

EDITORIAL.

THE LAW KILLETH.

It has no doubt become evident to the readers of this journal that we are enemies to excessive legislation, and that without being *lawless* in the usual acceptation of the term, we do favor *lawlessness* in its strict meaning, as a condition that shall be the natural result of a growth of correct public sentiment and morals, unhampered by laws, because unnecessary. A law is sure to work injustice to some, because from its very purpose it must be unyielding and inflexible, whereas the conditions which it is intended to regulate, are, from their very nature, fluctuating and varying. The universal acceptance of the principle underlying a law will render this latter unnecessary, while the application of the former will produce all the good effects and none of the hardships attending its enactment and enforcement. The law-making mania that has taken possession of this "Sweet Land of Liberty," is well worthy the careful study of the sociologist. It is legislation run mad, and before some of the laws, proposed with a great show of pseudo-science, the old Blue Laws of Connecticut must hide their diminished heads. Unfortunately many of them are engendered in our own profession—*hinc illae lacrymæ*.

The only way to cure the evil is to execute the laws strictly and consistently, and thus convince by a *reductio ad absurdum*, and to render them unnecessary by gaining their legitimate ends without enactment.

In the general education which is the necessary means of bringing this about, the physician is the *indispensable* factor. Without wishing to detract at all from the usefulness and, if you please, the necessity of the clerical profession, we think their sympathies have, for so many centuries, been restricted by false traditions, and limited by distorted conceptions of humanity, that its present glorified breadth and depth are barely sufficient to win back the confidence of mankind which it never should have lost.

The physician then, in order to act his part as educator, should be prepared, in regard to all the social problems of the day, by general culture and by wide reading, first of all to have an opinion, based upon eternal principles, free from all cant and bigotry, and then to have the courage of his convictions. He should be willing to advocate and to spread these principles in his professional and social intercourse, and should draw the logical deductions from them in

their application to personal and social well-being. While a knowledge of medical science is necessary to the physician, a knowledge of humanity and its needs is often of greater service in the treatment of a suffering fellow-being. The functions of the human body are the necessary objects of his study, but the social problems of the body politic should not lie beyond his horizon. Let him study both; they are not so widely separated as might appear.

MEDICAL EDUCATION—THE FOUR YEARS' COURSE.

HAVING, in answer to the general demand, lengthened the period of study to four years, how are the medical colleges prepared to occupy this time? What object do they propose to gain by this increase in the length of the course of study? At first the views on the subject, even of those who were the most strenuous advocates of the change were very vague, and the demand was made merely as the result of a contemplation of some of the finished products of the two and three years' course. These not being pre-eminently satisfactory four years were deemed necessary.

Very few of the promoters of the change are agreed as to the principle that should rule in utilizing the time. The multiplication of specialties seemed one of the first facts to demand recognition in remodelling the curriculum. Room would have to be made for instructions in these. But after leaving the safe ground of the specialties, opinions vary much. Some are in favor of confining the didactic instruction within the same limits as heretofore, and by repetition to ground the students more thoroughly in the respective branches.

Others would wish to broaden and deepen the instruction, to enlarge the scope of each branch: while others again see in the lengthened course only an opportunity for more clinics.

In the last direction lies, we think, a great danger. We are in an age of reaction. Following upon the dead didactic teachings of the earlier Dryasdusts we have a reaction in the direction of practical clinical work, and the merits of a college are now made to depend mainly upon its hospital facilities. In the race for pre-eminence in this respect the fact is often lost sight of that the practical part of the profession of medicine, unless founded deeply and broadly upon theoretical knowledge must always be like a ship without a rudder, tossed about by every changing wind of opinion, or even caprice. The vagaries of practice during the last decade are convincing proofs, we think, of this. The undue preponderance given

to the practical clinical side of teaching from the very beginning of the course, before the student has any of the knowledge necessary to enable him to grasp and assimilate the facts presented to him in the clinics, is one great reason why after leaving the walls of the college we find the medical practitioner floundering about without guiding principle, ready to try *every* new remedy in *all* diseases, an easy prey to the manufacturing pharmacist with his polysyllabic proprietary preparations; and the surgical graduate ready to follow every new fad and specialty craze.

Of the other two views we are in accord with that one which sees in the four years a much needed opportunity for rendering more thorough and deeper, and if you please, more theoretical, the teaching in the various branches, so that the student may early be taught that there is a value in science *per se*, apart from its ability to be changed at once and directly into the coin of practical application.

The American desire for the practical has, in the past, stamped our education in all its branches with a superficial character, hard to be gotten rid of. Want of time has always in the medical schools been a very plausible excuse for failing to give the thoroughness to their instructions which has characterized the schools abroad.

The four years of study, in the future obligatory in most colleges, cannot be used to better advantage than to seek to emulate them.

When we compare the requirements of the schools abroad with those of even the best here, we do not wonder that our diplomas have hitherto failed to command the respect that their possessors seemed to think they should. Good work has never failed of recognition, but the American diploma has never been a guarantee of good work such as is found abroad.

In the *Medical Record* of July 28, 1894, a correspondent gives "The Medical Opportunities of Paris." The student must possess the degree of bachelor of arts or of sciences before being admitted to the study of medicine. Then follow four annual courses of ten months each, during and after which, in all five rigorous examinations, and the presentation and public defence of a thesis, if successfully accomplished, enabled the student at last to gain his hard-earned degree, the possession of which must be to all a proof of excellent attainments.

The first duty of all our American colleges, we think, lies plainly in the direction of raising the standard of requirements for entrance upon a course of medical study. So long as this remains as low as it is, just so long will the teachers be hampered by the recognized limitations on the part of their students and just so long will they

fail to do justice to themselves and to the cause of advanced medical education.

Even should such a course lessen somewhat the number of those who rush into the profession, this could not be regarded as an absolutely unmixed evil.

GOUTY TEETH.

IN a paper read before the Philadelphia County Medical Society on "Gout and the Teeth," by D. H. Burchard, M.D., D.D.S., some interesting facts were brought out in reference to a certain dental disease, which cannot be explained by the action of local irritants, and which is in many cases associated with gout. The ingestion of an undue amount of nitrogenous food or heavy wines is followed by attacks of this periosteal inflammation, or pericementitis, while their withdrawal is followed by a disappearance of the local symptoms. Physicians ordinarily do not concern themselves with dental diseases, except, perhaps, as they may point to syphilis or may be the cause of disturbances in the health of children during the critical period of dentition. No doubt many of those which would properly come under their observation are to be regarded as symptoms of some constitutional dyscrasia, which must be treated before any permanent results can be hoped for from the local and mechanical treatment by the dentist. To this class undoubtedly belong the cases of pericementitis referred to in the paper alluded to above, from which we quote.

An important indication for diagnosis and treatment is given in the assertion that "the pulp of the tooth is not its tactile portion, but rather that of special sense, the thermal," and that "thermal changes are about the only cause of response in the healthy pulp. The tactile sense resides in the tooth's periosteum, the pericementum." Hence, when the teeth are sensitive to concussion or pressure, the pericementum is affected, while sensitiveness to cold water in the cavity of a tooth would point to disease of the pulp. (Here we have an excellent opportunity to distinguish and scientifically to interpret the symptoms of our *materia medica*.)

Phagedenic pericementitis, or pyorrhœa alveolaris, as it is less correctly called, is the cause of the loss of as many if not more teeth than is dental caries. It is a degeneration of the retentive apparatus of the teeth, with or without the formation of calcic deposits and of true pus, terminating in the loss of the teeth. The teeth attacked are usually dense and hard, the variety which resists the causes of dental caries. The most common type begins as a marginal gingi-

vitis. The earliest symptom is a deepening of color and a softening of the gum tissue at the neck of the tooth. Usually by the time advice is sought, the close attachment of the gum to the tooth at this point is lost. The process continues with the formation of pockets, in which are found concretions of lime salts, and pus, causing at first undue mobility of the teeth, and finally their extrusion as foreign bodies. There is rarely any tendency for the disease to extend to the maxillary periosteum.

The disease either persists or recurs in spite of the most varied and carefully selected local treatment. Commonly a groove or grooves may be seen upon the labial faces of one or more of the teeth attacked, caused by the loss of enamel. Men and women are alike subject to this disease, which usually does not appear until after the thirtieth year of age.

These are all symptoms which we, as homœopaths, can readily cover with symptoms from our *materia medica*, so that should the supposed dependence upon gout prove not to exist, our treatment would still be likely to prove successful, while the indicated remedies might perhaps point us to the true constitutional basis of the disease.

Since it is so much our duty to obtain the totality of the symptoms, we should accustom ourselves as a matter of routine, in all chronic cases, to examine the teeth and gums, and by comparison of observations and results of treatment we could, no doubt, do much to increase our rather scanty knowledge of the causes of dental disease.

THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

THE regular annual session of the Homœopathic Medical Society of the State of Pennsylvania will be held at the Hahnemann Medical College, Philadelphia, September 18th, 19th, and 20th, 1894. The bureau chairmen have been working hard for a long time actively preparing for the meeting, and the promise for the scientific department is unusually good. This being the year preceding the biennial session of the State legislature, special thought and consideration should be given to providing for the insane of the State the benefits of homœopathic treatment. The inauguration of a movement carefully planned, well sustained, and systematically pushed, means the control of a State Insane Asylum in Pennsylvania.

The President of the Society has issued the customary circular calling for a large and enthusiastic attendance, and the physicians of Philadelphia are making special efforts to provide ample entertainment for visiting physicians and their friends.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D.,

FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

CONGESTION OF THE LIVER ACCOMPANYING HEART DISEASES; CIRRHOSIS OF CARDIAC ORIGIN.—Prof. Hanot, in a recent clinical lecture called attention to the frequent congestions accompanying heart diseases and, above all, mitral insufficiency. The organ may reach enormous proportions, extending from the nipple to the umbilicus or below. With this symptom the heart affection is generally pronounced, though not necessarily always so. The three possible hepatic complications of mitral insufficiency are hepatic congestion, cardiac hypertrophic cirrhosis and cardiac atrophic cirrhosis. In the congestive stasis, besides the heart symptoms, there are more or less considerable and transitory enlargement of the liver, special respiratory and cardiac disturbances due to compression or reflex action, disturbances of digestion and general nutrition. Sensation of weight in the hypochondrium; standing is difficult; pain during digestion and on pressure or spontaneously as to simulate a diaphragmatic or intercostal neuralgia. Respiration is interfered with from distension and pressure; vomiting; nausea and anorexia; alternate vomiting and diarrhoea and constipation; the patient emaciates, assumes a yellowish tint and loses strength. Some patients are but little disturbed by their heart affection while the liver disease steps prominently into the foreground and covers the whole clinical field. *Their asystolia is in their liver*, as the writer says, *i.e.*, the whole venous stasis is apparently in that organ. Alcoholism seems to predispose to this form. The hypertrophy may become permanent and constitute true cardiac hypertrophy of cardiac origin. Face pale and emaciated; chronic cough; a few sibilant râles in lungs; no dyspnoea; full and irregular pulse; decreased præcordial impulse; a systolic murmur at the apex; attacks of pseudo-angina pectoris. A little or no œdema of the lower extremities; a slight ascitis; the liver hard, of a granular feel, and extending several fingers' breadth below the edges of the false ribs. In cases of hard and enlarged liver the diagnosis may be difficult on account of lack of definite heart signs, yet if one auscultate the base of the lungs and find numerous and fine sibilant râles the diagnosis is nearly certain. Yet in the majority of cases the distinct signs of asystolia precede, and this hypertrophy is an accompaniment of advanced cachexia, with ascites. This form may simulate alcoholic cirrhosis, cancer of the liver or a hydatid cyst. In hepatic cancer the growth of the disease with associated cachexia is more rapid, the surface of the liver uneven. The prognosis of all forms of hepatic hypertrophy is unfavorable. Atrophic cirrhosis of purely cardiac origin is rare. It might easily be taken for an alcoholic cirrhosis with coexisting heart disease. If, in the antecedent history, one meet with a possible cause of endocarditis, with a coexisting heart affection the hepatic cirrhosis may be said to be of cardiac origin.—*La Semaine Médicale*, No. 37, 1894.

LOCAL ŒDEMAS.—Dr. José Vineta-Bellaserra states that though œdema is properly either a surgical or medical disease there are three local forms which actually come under the class of skin diseases; acute circumscribed œdema of the skin; œdema of the new-born and the mucous œdema of Ord—myxœdema.

Acute circumscribed œdema of the skin is a rare affection forming a certain variety of urticaria. It is prone to appear, after slight malaise, upon the eyelids, cheeks and lips, greatly swelling and disfiguring these parts. Otherwise it may attack the vicinity of the orifices of the body and present a reddish or pinkish discoloration, without either itching or pain and only be accompanied by a slight sensation of tension. The lesion is fugacious, disappearing in twenty-four hours yet generally to reappear at other places. It may invade the internal mucous membranes as that of the larynx and threaten suffocation.

Oedema of the new-born like scleroma is observed in children prematurely born and affected with congenital debility. It commences regularly in the lower extremities, especially the calves of the legs, invading the muscles and genital organs. Many times it remains limited here but in grave cases it may become generalized. The oedematous skin is white, pallid, cold and pits on pressure. When generalized the skin is smooth, tense, hard, hardly movable over the underlying parts, the lips are stiff and render suckling difficult. The swollen eyelids are half transparent. As in scleroma there is a progressive growing colder, with symptoms of atrepsia and cerebral torpor, a true comatose state with a slow death. In less severe cases restoration may occur.

The mucous oedema of Ord or myxoedema is a general affection not included in skin diseases, which is easily confused with elephantiasis or scleroderma and is due to changes in the skin and general system from deficient function of the thyroid gland. It is especially prone to attack adult females.—*Revista de Ciencias Medicas de Barcelona*, No. 10, 1894.

ECZEMA OF NURSINGS AND THEIR RELATION TO DIGESTIVE DISTURBANCES.—Dr. Marfan distinguishes two forms: 1. Seborrhœic eczema affecting the hairy scalp and following seborrhœa milk-crust with extension to the temples, forehead, eyebrows and cheeks, but sparing the middle of the face. It is met with in fat almost obese infants, who are liable to intertrigo of the folds of skin. It begins in the course of the first year, towards the third or fourth month; it is chronic with remissions. It generally disappears on weaning. These are overfed children without digestive disturbances. The second form, dry eczema in disseminated patches, spares the hairy scalp and appears as very small patches of a round or irregular outline upon the face or different parts of the body. In general it is dry, very rarely weeping, even when back of the ears. These children are often emaciated, sometimes cachectic or rachitic; they always have a protuberant abdomen. These are usually bottle-fed infants affected with chronic gastro-intestinal dyspepsia from badly digested food. Dentition or rickets only have a predisposing or aggravating influence. As to parasites they are probably secondary. These two forms may be complicated by a staphylococcic infection with its consequences. Treatment consists in hygiene of the mother, regulation of the number and times of nursing. Medicinal measures are secondary.—*Revue Internationale de Bibliographie Medicale*, No. 9, 1894.

A CASE OF PERMANENT SLOW PULSE, WITH EPILEPTIFORM ATTACKS AND FAINTING.—Prof. Hanot communicated to the Paris Hospital Society the case of an old man of seventy-two years who was affected with a permanent slow pulse, and who presented at different times during his stay in the hospital epileptiform attacks; during one of these he succumbed. The necropsy revealed generalized atheroma. The heart, kidneys, spleen and the nervous centres were the seat of pronounced atheromatous changes, but especially the cerebellum presented distinct alterations. Their predominance would point to a connection between their peculiar location in the cerebellum and the production of the permanent slow pulse and the epileptiform seizures.—*La Semaine Medicale*, No. 36, 1894. (In the July number of the HAHNEMANNIAN MONTHLY there is an extensive abstract on this subject).—EDS.

SYPHILITIC RE-INFECTION—The subject of syphilitic re-infection is interesting from several points of view. A striking instance of the kind has just been recorded by Eichhorst of Zurich. The patient was a man, æt. 23, who, in January, 1893, had sexual intercourse, as the result of which he contracted simultaneously both gonorrhœa and indurated chancre on the prepuce. The syphilitic symptoms pursued the ordinary course, and during the secondary stage the patient, on several occasions, presented himself at the hospital suffering from roseola and condylomata of the mouth and anus. On September of last year, he was quite free from any manifestations of the disease. In about the third week of December, however, he again had sexual intercourse, and three days afterward gonorrhœa for a second time developed. Towards the middle of January, of the current year, he returned to the hospital with a new indurated chancre, situated on the right half of the prepuce. Some weeks subsequently to this reinfection, a roseolous rash and mucous tubercles again appeared. The chief interest in this case was the short period which intervened between the infection and the re-infection; in this particular, perhaps, the case is a unique one.—*Medical Press*, May 30, 1894.

A CASE OF STRYCHNINE POISONING FOLLOWED BY ACUTE NEPHRITIS AND ASCENDING MOTOR PARALYSIS.—The patient, a strongly built man of 25 years, was admitted to the General Hospital on September 27, 1893, suffering from strychnine poisoning. General spasms were occurring every few minutes, and were excited by touching the patient or by movements on his part, but were not of a violent nature.

The stomach was washed out and tannic acid injected by the stomach tube. A subcutaneous injection of ten grains of chloral hydrate was also given. Within five hours of the taking of the poison, all spasm had passed off, and the patient was able to swallow within four hours of his admission to the hospital. On the next morning the urine was drawn off by the catheter as he had not passed any since admission. It was found to contain albumen and blood, hyaline and blood casts being also present, but no granular or fatty casts. The patient also complained of aching pain and slight tenderness in the lumbar region. Vomiting had occurred during the night, and this persisted, after taking food, to the day of his death, four days later. Small quantities of milk were given by the mouth, and nutrient enemata administered. During the following day, the urine showed signs of acute nephritis, was scanty, and had to be drawn off by the catheter. On the day following admission, hiccup set in, and persisted at intervals until death occurred.

Four days after admission the patient complained of loss of power in his lower limbs, and of much loss of power in his arms. There was no tenderness over the spine, nor pain in any part of the body. Sensation was not impaired. By mid-day there was complete loss of movement affecting the upper and lower limbs and intercostal muscles, the diaphragm acting well. The action of the heart was regular, but thumping. Bronchi and coarse râles were audible over both lungs generally. The knee jerks and superficial plantar reflexes were absent on both sides, the abdominal and epigastric reflexes being present. There was no paralysis of the face, ocular muscles, or soft palate. The pupils were equal and reacted to light and accommodation. Faradic reaction was slight in the muscles of the legs, more marked in the thigh muscles, and well marked in the muscles of the trunk, arms, and forearms. The patient became steadily worse and the dyspnoea more obvious. He was quite conscious throughout, but in evident dread of impending death. About 1 P.M., October 1st, during a paroxysm of dyspnoea, power of movement of the arms was suddenly regained to the extent of throwing them about, but the inability to grasp anything remained. This condition persisted, and the patient eventually died at 4.30 P.M., in a state of asphyxia with great dyspnoea and cyanosis. Shortly before death a return of movement was noticed in the upper intercostal muscles to a distinct extent.

At the post mortem examination the general signs of death from asphyxia were found. The kidneys were deeply injected and congested, but showed no signs of chronic nephritis. The spinal cord showed no evidence of any lesion. The obvious question is whether the motor paralysis was due to the strychnine poisoning or to the renal condition; and if to the nephritis, was this caused by the strychnine? The most reasonable explanation would seem to be that the nephritis was caused by the strychnine and that the paralysis was of uræmic origin. Might exhaustion of the spinal centres following on over stimulation by strychnine, have assisted in the causation of the paralysis?—*Birmingham Med. Rev.*, May, 1894.

TOXIC SYMPTOMS INDUCED BY ANTIPYRIN.—Mrs. S., a young married woman, complained of severe headache to which she was subject. The pain was temporal, throbbing, continuous; somewhat relieved by pressure and very depressing. There was a feeble pulse, no rise in temperature and no inclination to eat. Five grains of antipyrin were ordered, to be taken every two hours. Knorr's antipyrin was used, and within half an hour after the first dose had been taken, the whole body was invaded with a bright-red papular rash, itching intensely, and very thick about the neck, chest and axillæ. The fauces were covered by the rash, and were hot and burning. The patient was extremely anxious and restless, the skin hot and dry. The pulse was accelerated, and the temperature was raised to 99.8. The burning and constriction of the throat were complained of bitterly, and the patient was continually drinking water to relieve this symptom. The patient had not been subject to, nor has she since had, an attack of lichen tropicus, which this rash so much resembled. The treatment adopted was a mixture of magnesia carb and magnesia sulph. and hot soda baths, then covering up the body so as to exclude air. The fauces were painted with glyceride of borax. These remedies soon proved effectual,

but the rash did not entirely disappear until about three days afterward. There was considerable prostration for three or four days.—*Prov. Med. Jour.*, May, 1894.

DIURETIC ACTION OF CASCARA SAGRADA.—Mr. Milnes Hey, Hornsey Lane, N., writes to the *British Medical Journal*: "Some little time ago I noticed, after taking some cascara sagrada, increased frequency of micturition. I could then find no cause for this. Shortly after I again took this drug and again noticed the same effect. As I could find no reference to its action as a diuretic, I began to watch its action on any of my patients who might be taking it, and in the majority of cases I found it to act as a diuretic, a few only not noticing any difference. In one case the effect was marked, as the patient complained of the number of times during the day he was obliged to urinate. On analysis, his urine was found to be quite normal. On stopping the cascara he ceased to be troubled." This same diuretic action has been observed by a few other writers.

SCARLET RASH AFTER ENEMATA.—The occasional occurrence of a bright scarlet rash after injections of warm water into the bowels should be borne in mind. The rash appears in about two hours after the injection, and lasts about twenty-four hours. It covers the whole body and limbs, and is especially marked on the face. In rare cases it is accompanied by sore throat and slight fever. The rash is almost exactly like that of scarlet fever, and may be easily diagnosed as such, especially if a sore throat is present. It occurs more commonly in children than in adults, and is occasionally distinctly urticarous. It is due to toxæmia, caused by the absorption of fecal matter liquefied by the injection of a large quantity of warm fluid into the rectum. In all cases of supposed scarlet fever, it will be well to exclude the possibility of the rash being due to an aperient enema.—*Brit. Med. Jour.*, June 2, 1894.

INTESTINAL AFFECTIONS AND SKIN AFFECTIONS.—Dr. Singer calls attention to the occasional interrelation of skin affections and intestinal diseases, which is more frequent than is generally known, as the symptoms, meteorism, flatulence, eructations, loss of appetite, and constipation, may be lacking. Examination of the urine with detection of the greater or less excretion of indican, will give one an index of how matters stand. Urticaria is nearly always accompanied by digestive disturbances. In the so-called idiopathic urticaria the amount of indican in the urine is nearly constantly increased. Collect the twenty-four hours' quantity and test from that as it varies during the day. He employed Obermayer's reagent. In certain forms of facial acne, and in nearly all cases of senile pruritus, he found a constant relation between the skin eruption and increased intestinal fermentation, at the lower portion of the small intestine. In five cases of the latter he obtained great improvement by attending to the diseased intestinal function, and in ten cases of seborrhœa and acne of the face great amelioration followed medical and dietetic management of the intestine. He employs as an intestinal antisept, menthol, in gelatine capsules. Each capsule should contain five to ten centigrammes of menthol and twenty-five to fifty centigrammes of almond or olive oil, six to eight a day. No disagreeable results. It is also slightly laxative. Simple purgatives will not suffice. The diet is of importance.—*Hospitals-Tidende*, No. 8, 1894. (Dr. E. Freund, in examination of the urine and feces of several patients suffering from extensive erythematous multiform eruptions, found extremely large quantities of indol and skatol, as well as diamines. Diamines were first discovered by Brieger in corpses and decaying albuminous substances. He recommends calomel and peppermint as intestinal antiseptics.—*Wiener Klin. Wochenschrift*, January 18, 1894.

PURPURAL HEMIPLEGIA.—Dr. Quincke, of Kiel, Germany, reports several cases of hemiplegia occurring either during or immediately after labor, and makes the following remarks. During labor the pains and pressure exercised by the abdominal muscles lead to an increased blood-pressure in the cerebral arteries as well as veins. From the infrequency of hemorrhage into the brain it would seem that the vessel walls had at this time of life retained their normal elasticity. He rather looks to a weakened circulation as the cause; the loss of blood during labor, the relaxation of the abdomen decrease arterial pressure which is still augmented at the first attempt to leave the bed. These associated factors may lead to anæmic foci with partial thrombosis: if rapidly equalized there may be a rapid restoration. Many cases are of an embolic nature; not rarely even during pregnancy endocarditis may appear, especially where the valves were affected previously; the

puerperal endocarditis is, however, generally ulcerative, and hence rarely causes embolism. Emboli from the uterus might also cause hemiplegia.—*Deutsche Zeitschrift fuer Nervenheilkunde*, Bd. IV., Hfte, 3-4.

GRAVE VARIETIES OF SINGULTUS.—Dr. Heidenhain describes a case of obstruction of the large intestine from extension of a carcinoma of the tail of the pancreas in a male patient of seventy-two years, where an obstinate hiccough continued unremittingly for eleven days and was the forerunner of the patient's death. These severe seizures of singultus are excited reflexly by chronic diseases of the peritoneum, stomach, intestine, uterus, prostate, as well as during the passage of or incarceration of gall- or kidney-stones. It may also be a symptom of grave cerebral disease, and is a foreboder of death in rachitic affections or intestinal cancer. If no other cause can be discovered it might be attributed to cold. An idiopathic singultus will is not accepted to-day.—*Berliner Klinische Wochenschrift*, No. 24, 1894.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D.

THE POSSIBILITY OF OVERCOMING PERMANENT STRICTURE OF THE DEEP URETHRA WITHOUT RESORT TO EXTERNAL URETHROTOMY.—White (New York) declares that a distinct and positive diagnosis of deep urethral stricture in every case is rarely possible until every prefatory obstruction in the anterior urethra has been detected and *wholly removed*, and that to determine by the usual methods of examination whether or not a deep stricture requires surgical interference for its relief cannot by any means be regarded an ordinarily easy matter. After performing meatotomy alone, or that associated with internal urethrotomy, he has found that what had previously seemed to be an impassable stricture in the deeper portion of the urethra, yielded readily to the passage of an instrument of a full size. Experience has repeatedly demonstrated that large-sized sounds have been immediately admitted along the entire urethral tract after the simple division of the meatus, when previously an attempt to introduce the smallest filiform had met with unyielding resistance. This fact proves the possible existence of spasm in that part of the urethra especially prone to such phenomena, and doubtless gave rise to the term spasmodic stricture, the existence of which many authors have denied. The character of strictures in the deep urethra, always associated with some degree of spasm, is such that they may be overcome by patient dilatation after the remote causes of spasmodic contraction have been removed by appropriate treatment.

The recital of two cases permits him to establish the following facts: That a deep organic stricture may exist; ordinarily an external urethrotomy would be thought necessary, and possibly performed; that the spasmodic element, always present to a greater or less degree in deep organic stricture, often tends to obscure the judgment of the examining surgeon as to the possibility of overcoming it through less grave procedure than external urethrotomy; and that when a deep organic stricture, non-traumatic, is present, thorough and skilful removal of obstructions in the anterior urethra affords the surgeon every opportunity to relieve it by careful dilatation with graduated sounds; since the anatomy of the structure of the deep urethra is such that it yields more readily to dilatation, and absorption is more likely to result in this location from judicious and well-directed pressure by the sound. Incision at this point is apt to result in cicatricial formation, which is very apt to necessitate at some future time another operation for the relief of the symptoms which apparently made the first operation a necessity.—*Journal of Cutaneous and Genito-Urinary Diseases*.

NEW METHOD OF EXAMINING FOR RENAL CALCULUS.—Noble (Philadelphia) describes a case in which he performed an operation enabling him to examine the kidney, the pelvis of the kidney, and about one inch of the ureter. He made the usual incision in the loin down to and through the perirenal fat, exposing the lower

end of the kidney. With the index finger the kidney was then separated from its connective-tissue attachments and gradually drawn down into and out through the wound, so that it was entirely outside. It was now a very simple matter to examine the kidney by thumb-and-finger pressure, and to make certain that it was in a normal condition. It was equally easy to examine the pelvis of the kidney and to determine that this contained no stone. Perhaps one inch of the ureter also was within reach. As nothing abnormal could be felt the kidney was replaced within the abdomen and the incision sutured in the usual way. He recommends the adoption of this method whenever the symptoms point to the presence of stone, and are sufficiently serious to cause the patient to become an invalid. Upon theoretical grounds the procedure would not be applicable in cases of abscess of the kidney, as the latter would be fixed and not easily separated from its connective-tissue bed. Moreover, it would be enlarged, and there would be the risk of rupturing the pus sac, perhaps into the peritoneal cavity.—*American Therapist*.

ETHEREAL SOLUTION OF IODOFORM IN THE TREATMENT OF HÆMORRHOIDS.—Beck (New York) performs the operation in the following manner: After having prepared the patient by cleansing the bowels thoroughly with repeated irrigations of a solution of salicylic acid about fifteen minutes before the operation, a suppository containing two grains of cocaine and from a quarter to a third of a grain of morphine is introduced into the rectum. If the patient is extremely sensitive at the beginning of the operation, a one per cent. solution of cocaine should be injected into different portions of the mucous membrane, but practically this is not necessary. It may predispose the patient to hæmorrhage.

After the introduction of an iodoform gauze tampon through a small speculum, the tumors are brought into view without grasping them with forceps. Two drops of a saturated solution of iodoform in ether are then injected into the cellular tissue adjoining each nodule. Injecting this on both sides of the latter causes a formation of scar tissue and a shrinking of the circumvenous tissue. If the cocaine-morphine suppository has been introduced at the proper time, the pain following this procedure is very slight and passes away in a few moments. In place of the gauze tampon a suppository containing two grains of salicylic acid is now substituted, and bismuth and opium are given to prevent a movement of the bowels.

On the third day two ounces of olive oil are injected into the rectum, and castor oil is given *per os*. During the subsequent weeks great care should be taken to keep the bowels loose. This operation does not prevent the patient from attending to his daily work.

No bad effects, such as sepsis, abscess, ulceration, embolus, hæmorrhage and stricture or fistula, have been observed, and no relapse has yet occurred in any of the cases so operated.

The following advantages are to be derived from the injection of iodoform dissolved in ether:

1. The operation can be performed without assistance, thus materially lessening the expense, which to many patients is an important item.
2. Iodoform, being a strong antiseptic, is certainly fitted to prevent suppuration, or possibly sepsis, and differs considerably from the much-used carbolic acid, which, if employed in the requisite strength, acts as a caustic.
3. As the nodules themselves are not touched, but only the circumvenous tissue, it is evident that embolism, which follows the use of carbolic acid and other liquids, cannot occur.
4. No contraction takes place such as follows the use of the cautery.
5. The patient can resume his work at once.—*New York Medical Journal*.

A SUGGESTION UPON THE PREPARATION OF THE FINGERS AND NAILS FOR SURGICAL OPERATIONS.—Allis (Philadelphia) says that the nails form no mean part of a surgeon's outfit, and that a medium length of nail is an exceedingly valuable helper at times.

A nail-brush is cheap, compact, and moderately thorough, while its disadvantages are that if stiff it is apt to scratch the hand or cut beneath the nails; if soft, it is of little value.

Some persist in using the point of the blade of their pocket-knives. Much has been written against this practice. Not only is there danger of cutting the flesh beneath the nail, but it leaves the surface of the nail rough, making it a ready collector of filth and less easily cleaned for a subsequent operation.

The author makes use of a rubber eraser. A variety is made for artists and school children that is wedge-shaped, and is ready for use as found at the stationer's, though if made a little sharper it is softer and more like a mop. It is pliable, soft, and an excellent carrier of soap.

For the hand, generally the old-fashioned wash-rag cannot be improved upon. It is a good carrier of soap, and with it each finger in turn can be tightly caught and wrung until it is clean. With the nail-brush or hand-brush only the back and front of the fingers get the scrubbing.

In addition to the implements usually deemed important for the cleanliness of the inner surface of the nails, a very valuable one is the nail itself. One thing that might be said of the finger nail as a nail cleaning instrument is that it will not scratch the inner surface of the nail—a very important factor in the process, whether one aims at beauty or at cleanliness.—*New York Medical Journal*.

STRANGULATION OF MECKEL'S DIVERTICULUM.—Elliott (Boston) reports a case which is interesting as the symptoms presented by the patient all pointed to appendicitis. Under manipulation a large hard mass was felt in the abdomen. A vertical incision was made, the appendix found to be normal, and the true nature of the trouble revealed. The patient subsequently died from septic peritonitis.—*Medical Record*.

THE PREPARATION OF CATGUT.—Bissell (Buffalo) considers chemical agents (carbolic acid, corrosive sublimate, etc.), inferior in the preparation of catgut, and after prolonged experimentation announces the following formula as one giving the most satisfactory results, inasmuch as it renders the gut sterile, never destroys its texture or strength, and requires no special apparatus for its completion. The method is as follows: Place the raw gut, after removing all colored silk, string, etc., in a 1 to 1000 ethereal solution of bichloride of mercury and allow it to remain there six hours; then wind on sterilized glass spools and place the spool containing the gut in the same solution for six hours longer. Wash in pure ether and then boil in absolute alcohol at the atmospheric pressure for ten minutes, the object being to remove all traces of the bichloride.

Gut prepared by this method he has subjected to a thorough bacteriological test and found it to be absolutely sterile. The bichloride solution does not weaken the texture of the gut, but on the contrary, hardens it, for gut prepared by this formula will remain longer in a wound before being absorbed than the same size prepared by the heat-alcohol method.—*New York Medical Journal*.

TREATMENT OF TYPICAL FRACTURE OF THE RADIUS.—Petersen (Kiel) in the management of radial fractures, especially those in the neighborhood of the wrist joint, recommends simply placing the hand in a sling and permitting it to hang down in ulno-volar flexion, over the edge of the dressing. In this manner dislocation is prevented, with certainty. As absolute rest is no longer regarded as necessary in fractures, this method permits constant surveillance of the fragments, the employment of massage and a certain amount of motion. Healing takes place in a very short time, with a free development of callus. In one case the arm was completely serviceable in twenty days. In the discussion v. Es-march stated that he had employed this procedure with astonishingly good results and rapid healing. V. Bardeleben thought it of service in intelligent patients; in others, especially in drinkers, it would be risky to attempt this method.—*Weiner Medizinische Presse*.

PARALYSES FOLLOWING CHLOROFORMIZATION.—Budinger from a study of nine cases of paralysis of one or both of the upper extremities after chloroformization states that they may be either of central or peripheral origin. The latter are the more frequent and are observed in operations where the arm has been held up or above the head for a considerable time, thus depressing the clavicle and exercising pressure upon the upper branches of the brachial plexus. This is especially liable to occur in those who are emaciated and feeble, with but little fatty tissue. The position of the head is important; forced back or to the side opposite towards which the arm is held, the brachial plexus is rendered so tense as to be palpable. Hence, then compression is easy. Not only is compression likely to follow but nerve fibres may be torn, which explains the oculo-pupillary symptoms after certain operations for rupture of the cervical sympathetic. Certain muscular groups are prone to be affected: deltoid, biceps, brachialis anticus and the supinator longus. The forearm, hand and fingers are only rarely parietic, either wholly or in certain muscles. These

paralyses may persist for a very long time; even eighteen to thirty months. The fingers recover first; the sensation returns before motion. There are besides paralyses of central origin; probably of thrombotic origin from cerebral anæmia, and they are followed by either multilocular or multiple focal softening. As to diagnosis of the peripheral form certain muscles are usually affected, the supraclavicular portion of the plexus is painful to pressure while the palpebral fissure is contracted, with myosis and retraction of the ball of the eye, stretching of the cervical sympathetic. In the central forms there are associated symptoms of the cranial nerves and those of the lower extremities.—*Archiv. für Klinische Chirurgie.*

HÆMORRHAGE AFTER EXTRACTION OF TEETH AND ITS TREATMENT.—Sawicki (Warsaw) states it to be due to two general causes—general and local conditions. Among the former are plethora, hæmophilia, menstruation, pregnancy, scurvy, purpura hæmorrhagica, septicæmia, typhoid fever, etc., while the latter include extensive lesions of the gums, alveolar structures, tongue, lips, jaw, or from abnormally developed or coursing vessels, rupture of aneurisms, or lesions of the more important vessels, as the alveolar, maxillary, or lingual arteries. The writer was called to treat a profuse hæmorrhage from the lingual artery after extraction of several roots of lower molars with an inappropriate instrument. Immediately after the operation, the sublingual region commenced to swell, the tongue being pushed upwards so that asphyxia threatened. An incision into the most prominent portion of the swelling relieved the symptoms, yet the blood flowed in jets from the opening. Enlarging the orifice, still he could not discover the bleeding vessel, and he was forced to ligate the external carotid, after which the hæmorrhage ceased. As to the frequency of these hæmorrhages, out of 7732 extractions at the Dental School, at Warsaw, there were 10 cases of grave hæmorrhage; 3 were due to hæmophilia, 2 to probable fracture of the alveolar process, 1 to laceration of the gum, and the other 5 to unknown causes. Violent hæmorrhages immediately after extraction is dependent upon laceration of a large vessel; parenchymatous hæmorrhages or those into the gums are more frequent. These latter are often observed a certain time after the operation, as prolonged and obstinate oozing; they are due to general causes, and are best treated by compressive tamponing—strips of aseptic or antiseptic gauze, dipped into a weak solution of perchloride of iron (ten to fifteen drops of the iron salt into a small glass of water): then, close the jaws with a bandage tied over the vertex. He would not advise the use of resecting forceps (alveolar) in extracting roots; they favor hæmorrhage.—*Przegląd Chirurgiczny.*

A NEW METHOD OF OBTAINING LOCAL ANÆSTHESIA BY COCAINE.—Krogus (Helsingfors) describes a method of employing cocaine which he has tried in about two hundred cases. Instead of injecting the anæsthetic into the skin, it is injected into the subcutaneous tissue in the vicinity of the nerve trunk supplying the region to be operated on; thus, one will obtain an extensive zone of anæsthesia by a single injection. The needle is plunged vertically down upon the nerve, and the solution injected as it is withdrawn. Fifteen to twenty drops of a 2 per cent. solution will suffice. As an illustration, if one will anæsthetize a finger, the drug is injected at the root of the finger, near the four nerves supplying it; in about ten minutes, the whole finger to the tip will be found without feeling, not only the skin but the deeper structures down to the periosteum. In felons, do not inject at the painful spot, but above, for fear of impinging upon the pus cavity. Thus, with a small quantity of cocaine, a radical operation is possible. An injection at the base of a toe or finger will permit one, without the least pain, to amputate phalanges, remove nails, etc. Disarticulation at the metacarpo-phalangeal joint requires an injection in the palm; two or three injections, obliquely made into the palm, gives anæsthesia below the line of injection; one at the root of the penis, anæsthetizes the foreskin. On the upper arm, thigh and trunk, this method is less reliable. Before operating, try with a needle if sensation is present. The anæsthesia is most pronounced from five to ten minutes after injection, and lasts for fifteen minutes and over. Application of Esmarch's bandage above the field of operation intensifies the anæsthesia.—*Wiener Med. Presse.*

ACUTE INTUSSUSCEPTION IN AN INFANT.—Ainslie records a case successfully treated by a cœliotomy in an eight months' boy, as an additional plea for early operative interference in such cases.

The child was taken at 3 P.M. with sudden pain and vomiting. The former was intermittent in character, the latter was not stercoraceous. The bowels were moved,

and blood and mucus were passed at intervals. At 9 P.M. the child was admitted to Hartlepool's Hospital in a state of collapse. A hard sausage-shaped tumor could be felt along the line of the descending colon, as well as through the rectum, about two inches from the anus. The abdomen was not distended.

Under chloroform, inflation and manipulation were tried without avail. The abdomen was opened, and an œdematous, congested, intussuscepted mass drawn out of the wound. It was reduced with great difficulty, the omentum being included in the intussusception, which began at the hepatic flexure of the colon, and the bowel replaced. The child rallied slowly; the bowels were moved naturally on the fifth day, and the recovery was uneventful.—*London Lancet*.

SALICYLIC ACID INJECTIONS FOR INOPERABLE CARCINOMA.—Bernhardt (Munich) reports a case of carcinoma of the cervix in which parenchymatous injections of a six per cent. solution of salicylic acid in sixty per cent. alcohol gave a result which approaches very nearly to actually curing the disease.

Injections were made into the ulcerating mass with a hypodermic syringe and a long needle of small calibre. They were made into different portions of the growth but not more than two cubic centimeters were injected at one sitting. They caused some temporary pain and were repeated every fourth day.

The effect was marked. The profuse discharge and pain were lessened in a day and actual retraction took place at the point of injection. At the end of two months' treatment the discharge and pain had ceased, the appetite was better, and the patient improved in every respect. The ulcerating tumor was contracted, hard and cicatrized. A vaginal metastasis healed and disappeared after two injections.

The writer has treated five other similar cases by the same method, with equally satisfactory results.—*Centralblatt für Gynakologie*.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D.

ECZEMA OF SURGEONS.—Dr. Rotter, Berlin: As a means of treating surgeon's eczema, finds the following preparation highly advantageous:

Formol, 25 to 50 centigrammes (4 to 8 grains); zinc oxide and talc, ää 25 grammes (6 drachms); vaseline, 50 grammes ($1\frac{1}{2}$ ounces).—*Archives of Gynecology*, June, 1894.

HYSTERECTOMY FOR PROLAPSUS.—The conclusions drawn by Pozii, in a recent article are:

1. Vaginal hysterectomy may be necessary to permit the reconstruction of the perineum in cases of complete prolapsus. To be efficacious, it must be accompanied by the resection of a large portion of the vagina, and followed by a restoration of the perinæum.

2. The results already published justify the claim, that good results are obtained when no one of these three elements of the operation is omitted; but hysterectomy is valueless if done alone.

3. The hysterectomy, colpectomy followed by colporrhaphy, and the perinorrhaphy, may all be done at one sitting. If so done, ligatures must be used instead of forceps. Operation at a single sitting is preferred, unless etherization of an hour's duration is contraindicated.

4. The "colpoplexy" of Martin, Fritsch, and others, is unnecessary, as the normal processes of cicatrization after a hysterectomy are sufficient to obtain the desired result.

5. The most satisfactory method to remove, at the same time, the uterus and a large piece of the vagina, is to mark out a large triangular flap anterior to the cervix, and a smaller one of the same form posterior, and dissect these entirely free before proceeding to the extirpation of the uterus in the customary manner, using ligatures for hæmostasis. The anterior vaginal incision is at once united by a running catgut suture in layers, the posterior one by interrupted sutures, and the pouch of Douglas drained by a strip of iodoform gauze.—*Archives of Gynecology*, June, 1894.

PRACTICAL APPLICATION OF THE PRINCIPLES OF STERILIZATION—Dressings and bandages should be sterilized by steam shortly before each operation. Exposure for three-quarters of an hour to steam at 100° C. serves to render all these substances, if not packed or rolled together too tightly, absolutely sterile. Since bacteria do not multiply on dry substances, it is better to place the dressings, which have been exposed to the steam, in a drying-chamber for a short time before applying them. If necessary, they can be kept for some time in a closed glass jar previously sterilized. Tampons and sponges, which are best made of gauze, can be prepared in the same way; they should never be used twice. The operator and his assistants should be supplied with special suits made of twilled muslin, which have been previously sterilized and allowed to become thoroughly dry. When putting them on, the hands should be allowed to come in contact with the clothing as little as possible. Too much attention cannot be paid to the minor points of personal cleanliness. The hair should be kept short and as free as possible from dandruff. If he can avoid it, a surgeon should never operate when he is suffering from coryza or from a catarrh accompanied by mucous secretions; the handling of a pocket-handkerchief during the operation, of course, makes a break in the technique.

All suture materials and ligatures should have been previously sterilized. This is best done by cutting them into proper lengths, winding them on reels, and placing them in glass tubes, which are then plugged with cotton and sterilized in the steam sterilizer on two or three successive days.

The operating-room should be kept scrupulously clean, the floor being frequently scrubbed with soap and water and the walls wiped down with a strong solution of bichloride of mercury. The furniture must be submitted to the same process, and any surface upon which sterilized articles are to be laid must be covered, for additional safety, with sterilized gauze or towels.

Several methods have been suggested for the sterilization of the instruments, but the most practical and cheapest is by boiling them in a 1 per cent. solution of soda. It is the custom to employ for this purpose an ordinary fish-kettle, in which the instruments are boiled for five minutes. In order to facilitate the removal of the instruments, a flat wire basket, with two handles—which fits into the kettle—will be found very convenient. After being lifted from the soda solution, they are dumped into a basin containing sterilized water, which has been prepared for them. Such basins must be previously well scrubbed with soap and water, rinsed off with boiled water, and then filled with a 1 : 1000 bichloride solution, which is allowed to remain in them for an hour. This is then poured out and the basins are washed out with sterilized water, and, being again filled, are ready for the reception of the instruments.

Many methods have been adopted for the sterilization of the hands. The following is the most reliable: The operating-room suit, with the short sleeves, having been put on, the hands and forearms are scrubbed vigorously for ten minutes, by the watch, with a stiff brush which has been previously sterilized by steam, and with green soap, the water being used as hot as can be borne and changed at least ten times.

In order to avoid any possible contamination from the necessity of turning the spigots on and off with the hands, I have recently constructed an arrangement by means of which this can be done equally well by the feet. The excess of soap is washed off in hot water, and the hands and forearms are then immersed in a warm saturated solution of permanganate of potassium, which should be rubbed into the skin by the aid of a sterilized swab. After being washed in a saturated solution of oxalic acid until the stain of the permanganate has completely disappeared, they are rinsed off in sterilized lime-water, and next in sterilized water or sterilized salt solution. Finally, they are immersed in a solution of bichloride of mercury (1 : 500) for two minutes. Just before beginning the operation the hands and forearms are well rinsed in sterilized salt solution, to remove any excess of the bichloride.

We will now make a short summary of the steps which are to be taken to render the field of operation sterile. Supposing, for the sake of example, that we are dealing with a patient who is to undergo an abdominal section.

1. She should have a daily bath of soap and water and a vaginal douche of a 1 per cent. carbolic acid solution for three days before the operation.

2. The hair of the abdomen and pubes should be shaved on the night preceding the day of operation.

3. The parts are thoroughly scrubbed with (a) soap and water, the brush being used vigorously; (b) alcohol and ether, to remove the fatty substances; (c) bichloride of mercury (1 : 1000).

4. A thin poultice of green soap is applied for from one to three hours, according to the susceptibility of the skin.

5. A compress of bichloride (1 : 1000) is applied, and kept on until the patient is brought to the operating-table.

After she has been anesthetized and placed upon the operating-table, the compress is removed and the following additional steps are carried out:

1. The field of operation is scrubbed with soap and warm sterilized water.

2. It is sponged with alcohol and ether.

3. In some cases it is washed with solutions of permanganate of potassium and oxalic acid, as in disinfecting the hands, and subsequently irrigated with warm sterilized water or salt solution.

4. It is irrigated with one liter of a solution of bichloride of mercury (1 : 1000).

5. It is irrigated with sterilized salt solution, to remove any excess of sublimate.
—Robb, *Journal of Obstetrics*, July, 1894.

GLYCERINE BOUGIES FOR THE INDUCTION OF PREMATURE LABOR.—Theilhaber has seen dangerous symptoms follow intra-uterine injections for this purpose and believe that the efficacy of glycerine injections does not depend on the glycerine withdrawing the liquor amni through the membranes by diffusion, but on its chemical irritation of the endometrium. He is also of the opinion that there is danger in the absorption of the glycerine by the system. He, therefore, recommends bougies made as follows: A filliform whalebone bougie, 15 cm. long, is coated with a very thin layer of 0.1 per cent. sublimate collodion, and over this a coat of 5 g. glycerine and gelatine with 0.2 trikresol to prevent the development of germs. Each bougie is rolled in waxed paper smeared on the inside with a 3 per cent. trikresol preparation of vaseline.—*Centralblatt für Gynäkologie*, No. 20, 1894.

THE PREMATURE DISCHARGE OF MECONIUM.—It is generally held that the discharge of meconium before the delivery of the child indicates that its life is in danger. Rossa has made a study of the records of such cases and found that in 78.8 of the cases in the clinic meconium was discharged without the new-born child showing the least trace of asphyxia. He thinks a very slight degree of asphyxia will cause a discharge of meconium which may occur early in labor, and it does not follow that this asphyxia need increase. If, therefore, the liquor amni, which has been clear previously, becomes mixed with meconium, it is not necessary to assume that asphyxia has occurred, and if the fetal heart sounds are not altered either before or after, we need not be anxious for the child. If, however, the heart sounds are altered, they are sure signs of intra-uterine asphyxia. When the child passes meconium during labor after rupture of the membranes, but without changes in the heart sounds, only seventeen out of one hundred children showed asphyxia. Rossa, therefore, concludes that the discharge of meconium as a sign of urgent danger to infant is not without criticism and that the child is in the least danger when meconium escapes with the rupture of the membranes, and a small amount is discharged subsequently during labor. Rossa makes a further observation in confirmation of those of Porak and Runge that the use of quinine in labor often causes premature discharge of the meconium during labor, according to Runge in 44 per cent. of the cases, without altering the heart sounds or asphyxia of the new-born child. The quinine is thought to cause an increased peristalsis of the intestine and the same condition is believed to account for the premature discharge of meconium without harm to the infant.—*Archiv. für Gynäkologie*, H. 2, p. 326, 1894.

THE DIAGNOSIS OF CYSTS OF THE PANCREAS.—Fleischlen notes the following points: The diagnosis can be made with considerable certainty by the characteristic seat of the cyst; its development near the navel, the growth from above downwards, the limitation of a fluctuating tumor by the stomach and colon on one border, and the spleen and liver on other borders, are important points. The symptoms accompanying the growth of tumor, the colicky pains in the stomach, the celiac neuralgia, the vomiting, and often rapid emaciation, are of decided value in the diagnosis of a cyst of the pancreas.

Exploratory puncture cannot be recommended on account of the danger of perforating the stomach, nor will examination of the aspirated fluid disclose the cause, except in rare instances. Exploratory laparotomy affords the most certain means of diagnosis, and is the first step in treatment. A cyst of the pancreas is best treated by stitching it to the edges of the abdominal wall and then opening it to leave a fistula for drainage, and the gradual closure of the sack. The escape of the

contents of the cyst into the peritoneal cavity is no cause for alarm, as, in a case reported by the writer, large amounts of fluid escaped into the peritoneal cavity when the cyst ruptured, but was resorbed without causing fever. The successful total extirpation of a cyst of the pancreas, with the recovery of the patient, must ever belong to the first rank of rare operations, as it requires extremely rare favorable anatomical conditions, which can only occur in exceedingly exceptional cases.—*Zeitschrift für Geburtshilfe und Gynäkologie*, vol. xxvii, 93, H. 1., p. 100.

THE VALUE OF CASTRATION FOR OSTEOMALACIA.—Sohlein states that experience shows that recovery may be protracted, and that relapses cannot be excluded. He believes that an operation should not be performed until some time after the puerperium and after the usual methods of treatment have been tried in vain. Recovery is favored by the suppression of menstrual congestion and consequent depletion of the bloodvessels.—*Zeitschrift für Geburtshilfe u. Gynäkologie*, Bd., xxix., 1894.

THE ADMINISTRATION OF CHLOROFORM TO WOMEN.—Strassman has carefully studied chloroform narcosis, and notes the following important points: The observation of the eye is the best guide to the depth of narcosis, and gives us the surest sign of impending danger. So long as the cornea reflex is present—i.e., the twitching of the eyelid on touching the cornea—narcosis is not deep enough. The same is true when the eyeball moves. Sometimes there is loss of parallelism in the axes of the eye, especially just before vomiting. The eyes are apt to roll about in the stage of excitement. There may be no reaction of the pupils, with staring eyes and paralysis of the ocular muscles, whilst the muscles of the extremities are still active. Just before deep narcosis the eyes frequently roll upwards and become convergent, so that the pupils are not easily seen, due to contraction of the superior rectus. In deep narcosis the eyes have a middle position and stare straight ahead.

The most important factor in judging the chloroform narcosis is the condition of the iris muscle—not so much its dilatation as especially its direct reaction to light. In the beginning of narcosis the pupil is moderately dilated and reacts as in ordinary circumstances. It dilates with a stronger stimulant, as in using a brush at this time for disinfection, but still retains its reaction. This gradually ceases, and the pupil contracts, though reaction to light and the cornea reflex are not lost, provided both eyes are tested simultaneously. This is followed by contracted pupils, which will not react, and staring eyes. The patient should be kept in this condition, with contracted pupils which do not react. If too much or not enough chloroform is given, the pupils dilate; but in the first case there is no reaction to light, and in the second they react, but contract again with the further administration of the drug. In this careful observation of the reaction of the pupil we have the key for an undisturbed narcosis without vomiting, awakening or asphyxia.

Dancing of the pupilla may attend vomiting, but it never immediately precedes asphyxia. In too large doses of chloroform, the pupils more or less gradually dilate, and have no reaction. This may be evident even while pulse and respiration are still good. It is the first warning of the so-called cardiac syncope, and gives the administrator a chance to anticipate it. This paralysis of accommodation, with dilatation of the pupil, may occur in the very beginning of chloroform narcosis in drunkards, in very nervous patients, with too large doses of chloroform, and the pupils suddenly expand completely. The individual may throw herself about, speak, cry, and breathe, and the pulse cannot be taken on account of her thrashing about. The chloroform must be removed immediately, till this threatened paralysis of the nerve centres has passed away and the pupils have contracted.

The pulse should be taken from the radial and not the temporal artery. The pulse, usually, is accelerated just before and in the beginning of narcosis. When the pulse flutters, and is irregular, it is almost invariably a forerunner of waking up and vomiting. If the chloroform is removed, the pulse beats stronger, and just after are strangling or choking movements. With either a very slow or rapid pulse the condition of the pupil should be the test of more or less chloroform. The causes of the pulse phenomena are cerebral. With a slow pulse, the brain is filled with blood, and the vagus stimulated, ciliary injection accompanies it with contracted, non-reacting pupils. The face, and especially the forehead, is covered with sweat. Give chloroform slowly under these circumstances. Anæmia of the brain is accompanied by a rapid pulse. There is neither sweat nor ciliary injection, and respiration is irregular. Note the condition of the pupils, dancing and reaction of

them indicating vomiting as about to occur; or, dilatation without reaction, indicating threatened asphyxia; without this examination no opinion can be formed.

The recognition of marked diminution of blood-pressure is uncertain though chloroform is known to cause this and there may be fatal bleeding from the body into its own veins. The heart may be contracting regularly with a soft compressible pulse which often soon ceases, but the condition of the iris will decide this question.

The most dangerous asphyxias are those in which the pulse suddenly ceases, though the respirations may be deep. The heart stands still and the pupils dilate without reaction. Such cases of cardiac syncope are more uncommon in the beginning than during narcosis. If this is successfully treated the further course of the narcosis may be uneventful as the symptoms may be due not to a primary action on the heart but to reflexes of various kinds, as the trigeminal fibres from the nasal mucous membrane, from the tracheal nerves as well as fear of the operation and shock at the approach of the chloroform mask. It is well to remember in connection with this one of Simpson's patients, the first time chloroform was to be used. The patient died at the first touch of the knife though no chloroform had been used as the bottle was broken accidentally and a second one had not been provided.

Intermission of the pulse must be noticed immediately as respiration is disturbed before the heart's action and cardiac asphyxia precedes respiratory asphyxia. Irregular respirations often precede vomiting. Dark discoloration of the blood during an operation is not always a sign of chloroform intoxication, but if the wound suddenly ceases to bleed it is an important sign of cardiac collapse. If respiration ceases and the pulse is still good, the condition of the pupil decides the treatment. If the pupils are contracted and remain so, the mask can be removed, cyanosis increases and in a few moments respiration follows in consequence, but if with cessation of respiration the pupils are dilated artificial respiration must be performed until the pupils contract and spontaneous respiratory movements occur. Lowering the head is also important.

Direct massage of the cardiac region is one of the very best methods of treatment. The heart is shaken, compressed and stimulated by rapid blows, over 100 per minute over the heart.

Vomiting after narcosis is less likely to occur if the patient sleeps it off and is not roused. If vomiting threatens in giving chloroform, tell the patient to take a deep breath and hold it which inhibits antiperistalsis by compression of the abdominal contents.—*Ibid.*

ACCESSORY TUBES AND FIMBRIÆ—Kossmann finds that they occur in from four to ten per cent. of all women. These tubes may or may not have lumina but they never break through into the chief lumen of the Fallopian tubes. The crown of fimbriæ is always present whether the lumen is or not. An accessory tube with a closed tube may become cystic and closely resemble a par-ovarian cyst. These tubes are the result of the formation of multiple folds of the ducts of Müller.—*Ibid.*

THE DIAGNOSIS OF CANCER OF THE BODY OF THE UTERUS.—Schönheimer makes the pertinent remark, that the condition of the microscopical preparation is only a symptom which plays an important rôle in the semeiotics of uterine cancer, and, alone, is not decisive. If the comparison of one symptom with another does not lead to a certain diagnosis, then, continued observation of the case for a short time longer, and extended study of the clinical and anatomical peculiarities by renewed examination, will lead to a correct diagnosis and proper therapy. This does not mean any undervaluation of the microscopic examination; but it must always remain clear that the examination of a minute particle of tissue is valuable only when it permits us actually to draw a conclusion regarding the origin and course of the entire course of the disease.—*Archiv für Gynäkologie*, II. 1, xlv., p. 178, 1894.

THE INDICATIONS AND CONTRAINDICATIONS FOR THE USE OF ERGOT.—Krohl mentions the following indications, which are those followed at the clinic of Prof. Rosthorn in Prague. Ergot may be indicated in:

1. Any obstetrical operation, and especially just before Cæsarian section.
2. Atony of the uterus.
3. After manual separation of the placenta, cleaning out the uterine cavity after abortion or macerated fetuses.
4. In twins, and hydramnios on account of threatened atony of the uterus from sudden emptying of an over-distended uterus.

5. In the lying-in period, for subinvolution of the uterus and the lochia remaining bloody for a long time.

6. In puerperal endometritis, besides after vaginal, and especially, after intra-uterine irrigation.

The use of ergot is contraindicated in:

1. Hæmorrhage in pregnancy.

2. In weak uterine contractions during the periods of dilatation of the cervix and expulsion of the child, especially if there is a contracted pelvis; in tumors filling the true pelvis or closing the soft parts; in tetanus of the uterus, and in stricture of the cervix uteri.—*Ibid.*

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

CONDUCTED BY

CHAS. M. THOMAS, M.D.

THE ACTION OF HYDROCHLORATE OF SCOPOLAMINE ON THE EYE.—Dr Thomas R. Pooley gives his experience of the last six months. Scopolamine is obtained from the *Scopolina Atropoides*, and like atropine and hyoscyne, belongs to the pharmacological group of the tropeines, and as such the instillation of a watery solution in the eye causes dilatation of the pupil. According to Landenberg, scopolamine as well as hyoscyne, are contained in hyoscyamus, without being identical with the latter; it is rather isomeric with cocaine, but yields different integral products. The conclusions are: That it is of value as a mydriatic and cyclopegic in the examination of anomalies of refraction; that its action is more complete than homatropine, and of about the same duration, and better than that of atropine sulphate, because its effects pass off sooner; that it is open to the objection that it produces toxic effects oftener than homatropine, in spite of statements to the contrary; that the temporary amblyopia sometimes induced does not seem to be of much moment; that in cases of short attacks of inflammation of the cornea, especially in some of the suppurative types, it is of special value. That this drug will soon replace atropine in the practice of ophthalmology is not well assured, but that it may prove a very valuable addition to the list of mydriatics which we now have, seems to be altogether likely.—*Therapeutic Gazette*, 1894.

INTUBATION OF THE LARYNX.—Dr. Charles Whitney read a paper (*Boston Medical and Surgical Journal*) based upon seventy-eight cases in his private practice. We note the following practical points: He has found some of the appliances furnished him defective, including gag, obturator, and even the tube; and he calls special attention to the carelessness with which they are often made. He has devised an obturator with an acuter angle than a right angle, and which he finds will render the introduction more easy than with the O'Dwyer angle. He assures himself that his tube is in position by inserting his finger into the œsophagus, and recognizing its anterior wall as a septum between the finger and the tube in the larynx. He also finds O'Dwyer's extractor defective, and recommends a better one devised by Dr. Nichols of the City Hospital, as so excellent as to avoid all trouble in extraction.

In the same journal Dr. George W. Gay, visiting surgeon of the Boston City Hospital, contributes a paper upon "Tracheotomy and Intubation" at the Boston City Hospital. There had been 456 tracheotomies with 110 recoveries, 24 per cent.; and 442 intubations without tracheotomy, with 90 recoveries, 20 per cent. In estimating their comparative merits both procedures should be studied, he justly contends, with reference to the amount of relief they give to the laryngeal dyspnoea; and on this ground he contends that with rare exceptions intubation affords as much relief as tracheotomy, while it can be practiced in many cases in which the latter would be refused. Furthermore, he finds that section of the trachea after failure to relieve dyspnoea by intubation does not promise much benefit except in those cases in which membrane has been so pushed down by the tube that the patient is unable to expel it. At the same time the previous failure by intubation does not seem to lessen the chances of consequent relief by tracheotomy, except in the gravest instances, when any disturbance may result in collapse.

In conclusion, he believes that intubation is preferable in the majority of cases in children under seven years of age.

RECURRENT TONSILLITIS.—Dr. C. A. Leland strongly urges (*Boston Medical and Surgical Journal*) division of the bridges between the walls of the diseased crypts, for which purpose he has devised a probe-pointed delicate knife blade at an angle with its shaft. A number of interesting cases in point are detailed.

LACTIC ACID IN CORNEAL ULCERS.—As, according to Mosetig von Moorhoff, lactic acid possesses the power of acting on diseased tissues while leaving healthy parts unaffected, Dr. Dolzhenkoff determined to try it in the treatment of corneal ulcers, and appears to have been well satisfied with the results obtained, an account of which is published in the *Vestnik Oftalmologii*, May and June, 1894. In chronic trachomatous ulcers complicated with photophobia and marked dilatation of the vessels around the cornea, the patients, after a single application of lactic acid, were able the very next day to look about them without any pain, and the red zone of dilated vessels disappeared. Lactic acid was also useful in annular corneal ulcers affecting more than half the cornea. In six of these cases one application was sufficient to prevent the ulcer making any further progress. Again, in extensive ulcers of the cornea of a contagious character affecting the greater part of the cornea the treatment succeeded beyond expectation. The method of application employed was by means of a pointed bit of wood dipped in a fifty (50) per cent. solution of lactic acid. With this the ulcerated surface was carefully touched, an eschar forming which fell off in three or four days, leaving healthy cornea underneath. If by chance the healthy part of the cornea was touched only the epithelium was damaged, and the spot had quite healed by the following day.—*The Lancet*, July 21, 1894.

LACTIC ACID IN CHRONIC LARYNGITIS.—Prof. Massei, of Naples, states that he has obtained excellent results in tuberculous inflammation of the vocal cords by the use of a lactic acid spray (2 per cent.) six or eight times daily. While recognizing the difficulty of obtaining a positive and definite cure in such cases, he wished to call attention to the value of lactic acid and to urge its trial in laryngitis.—*Revue de Laryngologie*, June 1, 1894.

TWO CASES OF HYSTERICAL DEAFNESS.—M. Cartaz (Paris) stated that aural manifestations of hysteria have long been regarded as rare, but that this supposition is incorrect. It may be said, however, that more or less complete deafness is rarely associated with the graver symptoms of hysteria such as mutism and ocular disturbances. He had previously observed two cases, and Gradenigo had collected nineteen. Of the two new cases now reported, one was a young girl of sixteen years who, about to pass an examination at school, became deaf and dumb, following a lively discussion with a schoolmate, who gave her a vigorous slap upon the left cheek by way of conclusion. Dazed for a moment, she arose from her seat and went home, where she burst into tears. Her mother could obtain no response to questions, although the girl's lips moved as if speaking. She seemed not to hear what was said to her. She remained in this condition for two days, when the author applied the continuous current and recovery ensued, either from suggestion or from the real effects of the electricity.

The second case was more rare, being an association of blindness with deafness in hysteria. Sight and hearing both returned under the influence of magnets, combined with suggestion, which, perhaps, in this case, played the principal rôle.

M. Range had known of numerous cases of hysterical mutism, but the cases now recorded by M. Cartaz showed that hysteria may affect, functionally, all points of the cortical substance, and that the central sensory troubles caused by it may be associated in many different ways.

IRIDECTOMY IN THE TREATMENT OF ULCERS AND ABSCESSSES OF THE CORNEA.—Bettremiux (*Annales d'Oculistique*), believes that there is no more effectual means of arresting the alarming progress of certain ulcers or abscesses of the cornea which have resisted every medical remedy, than iridectomy. He considers the dangers of panophthalmitis after the operation as insignificant. The anterior chamber in some cases must be again evacuated after the completion of the iridectomy.

MONTHLY RETROSPECT OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,
FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

SALTS OF POTASSIUM AND SODIUM IN THE CIRCULATORY SYSTEM.—*Kali Bich.*—Pain, sticking, darting in region of apex; pain in evening; palpitation several hours after dinner, with pain and anxiety; cold feeling about heart, with tightness of chest and dyspnoea; palpitation in bed, with pain in heart.

Kali Brom.—No characteristic symptoms. Feeble action, slow and intermitting; Alternately rapid and slow.

Kali Carb.—Frequent and violent palpitation in forenoon, with dulness of head and nausea; frequent intermission of heart-beat; sharp, sticking pains in præcordial region; crampy pain in heart, with a feeling as if hanging by tightly-drawn bands; pains aggravated by coughing or deep inspiration, not by exercise; burning in region of heart (ant. tart.).

Kali Iod.—Sticking when walking; oppression; tumultuous, violent, intermittent, irregular action, with pain in the heart: affects right ventricle, which soon becomes dilated; awakened at night with a horrible smothering sensation, compelling him to get out of bed. (Farrington also attributes this symptom to kali bi.)

Kali Nit.—Palpitation, awakening him in the evening, when lying on back; when lying on right side at midnight, sticking pains.

Natr. Carb.—Cracking in region of heart, sticking; palpitation when going up stairs; when lying on left side at night; on stooping; when writing, with a pain in the forehead and mental confusion.

Natr. Mur.—Has many heart symptoms; some of the more prominent are: sticking in the heart after reading aloud, after dinner, in evening, etc.; pain jerking; bruised sensation in morning in bed; palpitation on ascending, on motion, when lying on left side (nat. carb.); coldness in heart when exciting the mind; intermittent beating of the heart and pulse.

Natr. Phos.—Has two peculiar symptoms accredited to it: A feeling as if a lump or bubbles started from the heart and were forced through the arteries; a sensation as if shot were rolling through the arteries. According to Gentry, this latter symptom also belongs to apis.)—*N. Am. Jour. of Hom.*, August, 1894.

ANACARDIUM IN FLATULENT DYSPEPSIA.—There is constant desire to eat, which relieves the distress; the symptoms disappear while eating, but come on again two hours afterward. About two hours after meals there is a faint, sinking, "all gone" sensation in the stomach, associated with a dull pain which extends to the spine in many cases, and is more severe in the back than in the epigastrium. There is a moderate accumulation of gas in the abdomen, but not an uncomfortable distension. There are frequent eructations, which are tasteless or, exceptionally sour. The action of the heart is often irregular or intermittent; occasionally there is nausea. All these symptoms are relieved by eating, but return at the expiration of two hours, and continue, with gradually increasing severity, until he eats again.

There are also frequent attacks of gastralgia, which usually occur at night. The pain begins in the stomach, and extends to the back between the shoulders, and is accompanied by the epigastric faintness. It is relieved by sitting up in bed, by violent friction on the spine, by eructations and by eating.

The bowels either move naturally or are constipated, and this constipation is char-

acterized by frequent and violent urging, with a sensation as if a foreign body had lodged in the rectum; but the desire for stool passes away as soon as the patient goes to the closet.—*Ibid.*

RHUS TOX. IN RHEUMATISM.—The patient, a lad of seventeen years, was, three years previously, in the woods, helping his father to load wood. While warm and perspiring, there came up a rainstorm on the way home, by which he was wet to the skin. On reaching home, the right leg and hip were stiff and painful. Although every manner of means were used for relief, there was no improvement, and, indeed, it became aggravated as time went on. When he presented himself for treatment there was a drawing pain in the hip-joint, with crepitation. Pain increased when rising from a seat after remaining seated for some time; it was also aggravated by cold and by any change in the weather. The pain was relieved when sitting near a warm stove or in the sun, and by making continuous gentle motion with the leg. The leg and hip were so lame that he was obliged to take hold of the leg of his trousers so that the limb could be lifted and advanced when he desired to walk. The knee-joint was flexed, and it was impossible to make complete extension of the leg. Rhus tox. was prescribed, and a complete recovery followed.—*N. Y. Med. Times.*

BELLADONNA IN INCIPIENT INSANITY.—A married woman, about 28 years old, was about to be sent to a mad-house, her physician having been called in to give the certificate of lunacy. She was perfectly naked, having repeatedly torn off all clothing that had been placed upon her. Her hands were bound together at the wrists, and her legs at the knees and ankles, and yet in this helpless condition it required the strength of a muscular man to restrain her within bounds, as, rolling, twisting, turning and biting, with her teeth, she kept in incessant motion, while a torrent of raving, screaming oaths and foul language poured continuously from her lips. Some belladonna was prepared in water, and a teaspoonful given, but was immediately ejected. Another dose was given; her nose was held and her jaws forcibly closed, compelling her to swallow it. All this time she was writhing and struggling and her ravings sounded the more horrible for being muffled. During the next two hours the medicine was given at frequent intervals, and the patient became less violent, although strong restraint was necessary, and later on there were intervals when it could be relaxed. Improvement continued until, in seven hours, it became possible to put her to bed, put a night-dress upon her, and cover her with bed-clothing. Entire recovery followed.—*Ibid.*

PULSATILLA FOR SUPPRESSED VAGINAL DISCHARGE.—A girl, five years of age, the subject of abnormal vaginal discharges, had an attack in which the discharges, mucous at first, at a later period become purulent. At the same time there was redness and swelling of the genitalia. At this time she took cold, and the discharge was suppressed. A violent chill took place, which was followed by high fever. Accompanying this was headache, nausea and vomiting of sour liquid. Twenty-four hours later there was intense heat of the head and dryness of the skin, and the patient was unable to hold up her head. The urine was scanty, and there was constant drowsiness, together with frequent starting of the limbs. The vaginal mucous membrane was dry, swollen, red and excoriated, and the patient constantly kept her hands upon the labia. Pulsatilla was given, and the suppressed vaginal discharge was re-established, after which the patient soon recovered.—*Ibid.*

SPIGELIA IN HEADACHES.—The headaches of this remedy are always worse from noise, a jar or thinking. The pains are situated in various parts of the head, and may be either on the right or the left side. We find the pains of various character, as pressing, shooting, stitching, boring or tearing. The most characteristic headaches are of neuralgic nature—headaches commencing in the morning in the cerebellum, spreading up and over the left side of the head, causing violent and pulsating pains in the left temple and over the left eye. This headache increases in severity until noon, and then gradually decreases until evening, when it disappears.

Spigelia is also a very useful remedy for left-sided facial neuralgia where the infra-orbital and maxillary branches of the fifth pair of nerves are involved. These pains are tense, burning, throbbing; are worse when lying down and better when sitting up; either cold or warm applications relieve. We may also find pains as if red-hot needles pierced the skin; the pains come and go suddenly; prosopalgia from tea-drinking. —Dr. S. F. Shannon, in *Am. Homœopathist*, July 1, 1894.

SPIGELIA IN EYE AFFECTIONS.—Anæmia of the optic nerve from excessive tea-drinking (selenium); feeling that the eyeballs are too large. Stabbing, stitching, sharp pains through the eyeballs into the head or radiating all over the head. These pains are worse at night and from moving the eyes. Pains as from needles thrust into the right eyeball. Rheumatic iritis in the left eye, with excessive ciliary neuralgia; pains worse from 3 A.M. to 3 P.M.; pains as if the eyeball were being pulled backward and forward.—*Ibid.*

SPIGELIA IN AFFECTIONS OF THE HEART.—Under heart, pulse and circulation we find quite an array of diseases for which spigelia is curative, or, at least, to a great extent helpful, such as pericarditis, endocarditis, aneurism and various forms of rheumatism of the heart. The following are the symptoms indicating spigelia: great dyspnoea on every change of position; audible beating of the heart, causing a pain that is felt through to the back; systolic blowing at the apex; sharp, shooting pain through the heart to the back, or radiating from the heart down the arm, or over the chest and down the spine; great oppression about the heart; thrilling or purring sensation over the cardiac region; undulating motion of the heart; heart-beat not synchronous with the radial pulse.—*Ibid.*

MUREX PURPUREA IN SEXUAL AND UTERINE AFFECTIONS.—Violent sexual excitement; so violent that the will and reason becomes fatigued. The least touch to the parts arouses the sexual desire to the highest pitch.

Great bearing-down in the hypogastrium and uterine region. Dragging, heaviness, weight in the pelvis as if the parts would protrude. After exercise, must sit with the legs crossed to relieve the sensation. Sharp pains run from the right side of the uterus up through the abdomen to the chest. Constriction and sense of dryness in the uterus. A feeling or consciousness of having a womb. (Helon). Sore pain in uterus.

Menstruation is too frequent and very copious, accompanied by great suffering. Great sadness, anxiety and indefinite dread; marked debility; weakness; must sit down. Painful weariness in the loins and back, the limbs give way. Prolapsus uteri. Leucorrhœa, yellow, green, or mixed with blood. Mental symptoms are better when leucorrhœa is free, and *vice versa*.

Frequent desire to urinate, even at night. Passes copious amount of clear, light-colored urine. The mental symptoms are not marked, being what we would expect where the sexual organs are so deeply affected. Deep sadness and melancholy, forgetfulness, words elude her in talking, the patient is generally weak and run down. Painful weariness in the loins. Heaviness, weight and downward pressure in the hypogastrium, the back and rectum. The lower limbs are scarcely able to hold her. Uncertainty in walking, the joints are weak. Must sit down and cross the legs to relieve the pressure in the uterine region. Thrilling pains in the legs, intolerable creeping pains in the hips. Great weakness, sinking, all-gone sensation in the pit of the stomach. Faint, hungry, must eat to relieve it.—*Advance*, July, 1894.

LACHESIS IN HEADACHE.—The headache of lachesis is more apt to come over the left eye, and is throbbing in character, with sharp and very severe pains; may come at the climax or as the accompaniment of an ordinary cold, relieved as soon as the coryza appears. This is the characteristic of the drug; as soon as the discharge starts the patient is better. There is no aggravation from heat, and yet the patient is worse from the sun's rays. All symptoms are worse after noon and before 12 P.M. Aggravation is also noted in the spring of the year.—*Medical Arena*, July, 1894.

ANACARDIUM—INVOLUNTARY PROVING.—Dr. Kasselmann reports the following accidental proving of this drug: A student complained of being forgetful, and was advised to take *anacardium*. The tincture was the only preparation at hand, and he prepared the first decimal potency, but would not run it up any higher as he is a recent convert from allopathy. After taking the 1x on pellets for ten days, he became more forgetful; could not remember his own name; had double vision, and complained of being so very weak that he could scarcely walk. On his hands, especially the index and middle fingers of each hand, there appeared a papular eruption which terminated in vesicles filled with a very sticky fluid. The eruption was characterized by an intense itching, burning, and smarting, aggravated by scratching, and at night. His fingers were very much swollen, and the pain at times was unbearable. Heat also aggravated the condition. *Grindelia robusta* was given, and relieved the annoying symptoms and cured the eruption.—*Ibid.*

THE HAHNEMANNIAN MONTHLY.

OCTOBER, 1894.

BARLOW'S DISEASE.

BY MARTIN DESCHERE, M.D., NEW YORK.

(Read before the American Institute of Homœopathy, Denver, June, 1894.)

FROM time to time the attention of pædologists has been drawn to a peculiar condition in children which it seemed difficult to classify under the head of any positive pathological state. Some describe it as an acute rachitis, others as scurvy, and again it has been thought to be a combination of purpura with rachitis.

Dr. Thomas Barlow, of London, England, gave the first positive anatomical description of this affection. This can be found in the *London Medico-Chirurgical Transactions*, 1883, second series, vol. 16. Barlow considers it a combination of scurvy and rachitis, modified by infantile peculiarities. German authorities proposed the name of Barlow's disease for this reason until a larger number of observations will have determined the actual condition. They thus add another complication to medical nomenclature by a forced method of differentiation. Under Barlow's disease, according to Prof. Huebner and lately, Prof. F. A. Hoffman, we understand an affection during the first two years of life, characterized by exceedingly painful swelling in various bony regions with symptoms of rachitis. Anatomically the swellings are caused by hæmorrhages underneath the periosteum.

Post-mortem we find hæmorrhages under the periosteum of various bones, also between the muscular and serous sacs ; besides these, evidence of partly active, partly repaired rachitis can be seen in the cartilages and bones. Hypostatic foci are frequently found in the lungs.

This form of disease occurs as a rule under two years of age, most frequently between the sixth and eighteenth month of life, and is found rather frequently among the wealthier classes. The cases vary from sub-acute to chronic ones. Light cases have recovered after a week's duration, others have lasted for months. Some children have succumbed after a gradual and steady decline. The symptomatology, runs about as follows: You are called to a child between ten and twenty months of age, who had been apparently well for some time, but who had lately developed great peevishness caused by a most extreme sensitiveness to touch, especially of the extremities. The mother will state that she hardly dares to change the child's diapers, much less to bathe it, as the poor sufferer gets into a most pitiful crying spell as soon as the limbs are taken hold of, and it cannot be pacified for some time after. The sensitive parts appear swollen, the child shuns motion, and while it used to move its arms and legs most briskly, even making attempts at walking, it now remains very quiet in one position, and the lower limbs appear as if paralyzed. There is evidently spontaneous pain, for during the night the child will often cry for hours, and thus gradually becomes entirely sleepless. Fever of a fluctuating character has always been present in the cases which I have treated, and a profuse perspiration appears, mostly on the head. Appetite is lost, and the food most favored formerly will now be refused. On inquiry you will learn that farinaceous or malted milk preparations have been the sole nourishment since birth, or that mother's milk has been supplied but for a short time. Attacks of indigestion have not been rare, still the child seemed to thrive.

On examination we find the above-mentioned extreme tenderness on the slightest touch as well as on any attempt to move the patient. When lifting him ever so carefully he will cry in a most deplorable manner and will not pacify himself until quietly resting again. The child may even appear well nourished, and plump but the skin is very pale, rather waxy. The cranium as well as the thorax show more or less signs of well advanced rachitis.

On closer examination it will be observed that the *knee and ankle joints* are not so very tender, but palpating the *shafts* of the femur

or the tibia the tenderness becomes marked ; these parts also appear swollen. The sub-cutaneous connective tissue may participate in the swelling, and the skin covering these parts looks shiny. In cases where the infiltration of the cellular tissue is not very prominent a cylindrical swelling of the femur as well as a diffuse swelling of the tibia can be felt through the soft parts. Palpation must be gone through with the utmost care and gentleness as pressure is a torture to the child. The bones of the arms and those of the cranium may also show swellings, but the sensitiveness of these parts is less intense than in the lower extremities.

A very important clinical point is reached in the evidence of repeated bleeding from the mouth which has generally lasted for some time without having received much attention either from the parents or the attending physician. On inspection we discover the gums over the forthcoming teeth or over those already cut through presenting a spongy condition. They are swollen and of a purplish color, readily bleeding on touch or even when opening the mouth. The rest of the mucous membrane of the mouth and throat appears normal as does that portion of the gums where no teeth are in process of cutting through ; therefore the gums may not be affected at all previous to the act of teething. In some cases small ecchymotic spots have been observed on various parts of the integument, also an cedematous, rather hæmorrhagic swelling of the eyelids, appearing like purplish bags, bulging prominently from the face. Bleeding from the rectum is rare. The lungs, the heart, and the abdominal organs seemed normal on physical examination. Barlow in his article on scurvy in Keating's *Cyclopædia on the Diseases of Children*, vol. 2, differentiates between this affection in children above two years of age, and in those below. He gives a case of a girl aged ten years where the following symptoms appear prominently : Pain in knees and ankles not excessive ; knees and ankles swollen and tender. The gums would swell suddenly in the night, subsiding after a few days ; at which time there will be fainting fits ; blood has oozed from the gums and the odor has been offensive ; nose bleeds ; no blotches on the skin.

Cases *b* and *c*, in Barlow's article, are a boy and girl respectively of four years of age, which show a sallow anæmia ; no deep swelling of lower limbs.

Cases *d* and *e* are over two years, with strong evidences of rachitis in which the bone lesions are more striking and also the gum symptoms very marked, thus approaching the infantile group. In infants

under two years of age the gum symptoms stand more to the background, whilst the bone symptoms, including those of the lower limbs, but also other bones of the body, become the dominant character. The anatomical features Barlow describes as follows:

“With respect to the bone symptoms the infantile group shows very remarkable changes. In the light of four post-mortem records it may be briefly stated that the primary scorbutic bone-change appears to be, that there is blood-extravasation between active growing periosteum and the subjacent bone.

Such extravasation is seen best in the lower limbs. With respect to the thigh, for example, there may be a more or less complete sheath of blood-clot between the upraised periosteum and the greater part of the shaft. The shaft then, being partly unsupported and also deprived to some extent of its nutrient supply, may undergo a degree of atrophy and may also with the minimum of violence undergo fracture. The common situation of such fractures is just above the junction-area of shaft with epiphysis, but they may also occur in the middle of the shaft.

The above conditions may also be found in the tibia, and much less frequently in the bones of the upper extremity. They may also be found in the ribs.

In connection with the various hæmorrhagic extravasations under the periosteum, it becomes easy to explain the extreme tenderness and distress occurring in the infantile group, and also in some members of the childhood group, as compared with what obtains in adults. The brawny indurations in adults seem to depend on effusions into muscles and cellular tissue, and they are attended with less pain than if there were a tight extravasation under the periosteum.

With regard to the circumstances under which the affection has arisen, the examples given in the childhood group are quite similar to those of many cases of adult land scurvy, and it is interesting to note, by the way, that some of the children affected appear to have had a curious hysterical dislike to antiscorbutic food. But with regard to the infant group there may at first sight appear some difficulty in accepting the parallelism. Let it be noted, in the first place, that there is no evidence that any child has developed this group of symptoms whilst being suckled at the breast. Further, the most striking cases are those in which infants have been brought up for several months on artificial foods prepared with water and without any fresh aliment. In a number of cases it is true that the disease has developed when children were taking artificial foods pre-

pared with a varying amount of cow's milk. Now, cow's milk has undoubtedly antiscorbutic power if given fresh and in sufficient quantity; but there comes into question, with regard to infant feeding, the difficulty as to how much the milk has been diluted. It is also noteworthy that the group of symptoms in question are very apt to supervene upon obvious or latent rickets. This seems to play the same part in the infant cases which the debilitating influences of syphilis, malaria, dysentery, damp and cold, etc., play in adult scurvy. The true cause is a deprivation of fresh food, but the presence of rickets, like other states of lowered nutrition, predisposes to scurvy. The most striking parallelism is to be found in the responsiveness to fresh food which characterizes alike the infantile and the adult group. Juice of fruits and strained vegetables are taken with avidity and the most marked alteration is produced by these alone. Fresh cow's milk and raw-meat juice are also frequently assimilated in a very striking manner. Whilst the evidences of rickets remain and take months to recover, the tendency to ecchymosis in the gums and elsewhere is suddenly arrested, and the pain in connection with the limbs soon diminishes, although the thickening of the shafts takes time to subside."

The cardinal points sum up as follows:

"(1) Predominance of lower-limb affection: (a) immobility, going on to pseudo-paralysis; (b) excessive tenderness; (c) general swelling of lower limbs; (d) skin shiny and tense, but seldom pitting, and not characterized by undue local heat; (e) on subsidence, revealing a deep thickening of the shafts; (f) liability to fractures near the epiphyses. (2) Swellings of gums, varying from definite sponginess down to a vanishing-point of minute transient ecchymosis. These constitute the chief diagnostic differentia between infantile scurvy and rickets properly so called. But to them must be added, as the most important diagnostic of all (3) definite and rapid amelioration by antiscorbutic regimen."

According to German authorities, not more than fifty well-observed cases can be found in general medical literature covering the last thirty years. To these Dr. W. P. Northrup, of New York, adds four in his article on scurvy in Starr's recent *American Text-Book of Diseases of Children*, and it has been my good fortune to observe four more characteristic cases during the last two years, two of which occurred in my own practice and two in consultation through the kindness of Drs. Dearborn and Honan.

To my knowledge there is no record of scurvy in rickets through-

out the entire homœopathic literature. The only mention of scurvy in infants which I can find is made by E. M. Hale in his recent work on practice, and this is copied verbatim from the article on scurvy in Osler's *Principle and Practice of Medicine*. Hale, however, simply states the cardinal points of Barlow, as mentioned above, with a few introductory remarks of Osler's, followed by three cases which are cited from old-school periodicals. One case is added observed by Hale in a child six months of age with livid, red, soft, spongy and bleeding gums. The lower limbs were exceptionally tender with pain on movement, but no mention is made of any swelling. The child had been fed on granum and milk, but had just recovered from an attack of "La Grippe." Simple change of diet to fresh milk mixed with egg albumin and the juice of an acid orange three times a day soon made the symptoms disappear.

The first case which I observed was a child fifteen months of age which had recovered from a severe attack of pneumonia. When my attention was drawn to it, I found a reddish-purple condition of the gums around the already developed incisors as well as of those points where the new teeth were on the process of appearing. I was told that the child was very restless at night, and feverish, and that he seemed to have pains when touched. This being the first case that came under my observation, I was not clear about the diagnosis, but soon the characteristic swelling of the limbs appeared. The lower limbs would dangle powerlessly from the body, while any attempt to raise or bend them was immediately responded to with signs of agony, trembling and screaming. The parents were in great alarm about possible dislocations, or hip disease, or paralysis, and only on account of my study of Heubner's cases in the *Jahrbuch fuer Kinderheilkunde*, of 1892, was I enabled to convince them by accurate explanation of the condition, that no ill consequences would follow this affection, and that a simple change of diet would easily overcome the at present alarming condition. This child had been fed from birth with Mellin's food, on account of a peculiar partiality of the mother for this preparation. It showed undoubted evidence of rickety formation of the head as well as of the ribs and joints. The patient had lost all desire for food, and seemed to have taken an absolute dislike to its formerly beloved Mellin's. He now eagerly took fresh milk, beef-juice and egg albumin, but I could not succeed in giving him orange juice or any fruit juice. It took three weeks to overcome all the above-mentioned symptoms, and even then, great weakness remained in the lower limbs which only gradually

regained their former strength. At present, after a period of one year, the child is hale and hearty, of excellent health and developing normally. In this case I was greatly assisted by the administration of *phosphorus*, *calc. phos.*, and *silicea*.

The second case was the son of a physician, of the same age as the former, who had passed through an attack of the measles which had left him with a bronchial catarrh. In this case, the gum symptoms were extremely prominent, and even accompanied with a bad odor. His face was much swollen and the puffiness was most marked between the upper lids and the eyebrows, but not very dark-colored; the whole face, including the eyelids, was rather waxy pale. In this child the left leg and arm were mostly affected, and he had repeated attacks of aggravation of the whole state of symptoms with every forthcoming new tooth, so that the duration of this case covered several months. The most striking feature here was fever, running sometimes as high as 103 and an aggravation of the bronchial symptoms, while the scorbutic symptoms diminished; also a marked night aggravation characterized by constant and considerable crying and screaming. This last symptom was best overcome by the administration of bromide of calcium 3d trituration. Various remedies were used here as the condition was complicated with peculiar symptoms not actually belonging to the scorbutic condition, but rather due to the co-existing affection of bronchia. Signs of rickets were also evidenced in this case.

The case to which I was called by Dr. Honan was a boy nine months old; at the time I saw him he was a plump, well developed infant. As the mother had not been able to nurse a previous child, and gave no evidence for the support of this one, he was put on a diet of Horlick's Malted Milk. In July of 1893, when he was two months old, he was taken with indigestion and could not retain his food. His diet was then changed to dry extract of malt added to malted milk, and afterwards to a mixture of cream, milk, water and sugar of milk, as he showed evidence of mal-nutrition, being lean and scrawny with rough, red skin; with this diet he became much better and thrived. About that time he was vaccinated with the result of a severe ulceration. The limb became swollen and erysipelatous, and the pustule ended in a deep, dark slough. From this he began again to decline some in flesh and spirits. The teeth came slowly and were covered by a thin pedicle which contained dark, thick blood. The gums were dark and purplish; he was cross and fretful, and seemed to be in great pain when handled, especially in

the bath ; comfortable only when lying across the nurse's shoulder. The left arm and leg became painful on the least motion, lost power and commenced to swell. The fontanelles were open as well as some of the cranial sutures. After the difficulty was recognized he was placed on pure milk diet without the addition of water, fruit juice, especially orange, and meat broth. Remedies were *calc. phos.* and *nux vom.*, as well as *lycopodium*, overcoming the most distressing symptoms.

The fourth patient to whom I was called by Dr. Dearborn, showed a swelling like an inverted saucer on the left side of the forehead which was about the size of a fifty-cent piece. In this case the right arm was enormously swollen, but the gums showed no evidence. It was found on inquiry however, that occasionally there was some blood in the passages from the bowels. This child also recovered soon on the above-mentioned diet and especially *silicea* reduced the swelling and tenderness rapidly.

Northrup justly remarks, that the tendency against the use of patent prepared foods is justified. There seems no greater surviving fallacy current in medical practice than the retained feeding of tender infants upon the patent productions of commercial firms. Remedies appear hardly necessary, according to those who have studied the disease from a nutrient standpoint. Nevertheless, the intense suffering connected with the extravasation of the blood beneath and into the tissues, can be greatly relieved by proper homœopathic remedies, and the cure of the ricket complication made more rapidly. Therefore, *phosphorus*, *calc. phos.*, *cal. bromide*, *silicea*, etc., have been prescribed. One remedy, however, may deserve our attention which has not been recommended so far, except as in a passing note in Hale's *New Remedies*. I refer to *agave Americana*, the *American aloe*, the juice of which, taken from the leaves, has cured scurvy where simple diet and fruit juices have failed. The symptoms recorded as cured are, the pale, dejected countenance, gums swollen and bleeding ; legs covered with dark, purple blotches ; legs swollen, painful and of stony hardness ; appetite poor ; bowels constipated ; and pulse small and feeble. This picture corresponds very well to the infantile form of scurvy.

There is no cause in my mind for creating a new disease-name for a condition of scurvy, which, by the presence of rickets, and especially by the peculiarities of the development of the infantile organism, is modified in its pathological features. We find, that most all affections of childhood differ from those of the adult by these

very same causes, and we would have to invent a special nomenclature for typhoid fever, malaria, rheumatism, and many other affections, when appearing in infants, simply because they present differences as occurring during the growing age. I think, if we simply content ourselves with considering and stating this affection as scurvy complicated with rickets in infants, there will be no necessity for the special name of Barlow's Disease.

EYE-STRAIN: A CAUSE OF FUNCTIONAL NERVOUS DISEASES.

BY H. BALLOU BRYSON, B.S.D., M.D., PITTSBURG, PA.

(Read before the the June meeting of the Allegheny County Homœopathic Medical Society.)

TANTALUS, at the table of the gods, aptly represents those who are free from the effects of eye-strain; while Tantalus tantalized is a type of such as suffer from eye-strain. For, just as Tantalus, under normal conditions regaled himself with the ideal food and drink of immortals, and obtained them at will, so does the eye, under normal conditions, feast itself upon clear visual perceptions—ideal retinal pictures—and obtains them at will, with a minimum expenditure of muscular energy. And, too, just as Tantalus, under abnormal conditions, had his nectar and ambrosia turned into the ordinary and imperfect water and fruit of mortals, and was compelled by his innate thirst and hunger for these, to constantly struggle to obtain them, so the eye, under abnormal conditions, has its ideal sense-perceptions transformed into blurred and broken images, and is compelled by its inborn, Tantalus-like hunger and thirst for perfect retinal images, to make an interminable muscular struggle to obtain them. So just as we see Tantalus tantalized by his bootless efforts to possess the will-o'-the-wisp water and fruit, so do we see the eye, defective as to its focus- or image-forming power, tantalized by its often vain efforts to possess what is to it an *ignis fatuus*, the perfect retinal image. For, if we have given, or granted (1) this inborn craving after perfect visual perceptions; and (2) an existing focus- or image-forming defect (it may be one of malformation; it may be a paretic ciliary muscle; or, it may be a want of equilibrium of the extrinsic ocular muscles), and the result, eye-strain, is inevitable—it will follow just so surely as effect follows cause.

Knowing now the meaning of eye-strain, and granting its existence in any given case, what are the possible, probable, and even necessary consequences of it in relation to the ætiology of reflex neurosis, or functional nervous diseases? This we may establish both from *a priori*, and from *a posteriori* evidence.

From the *a priori* standpoint the consequences of eye-strain are manifestly and rationally such as follow the inordinate strain of any muscle. Artificially induce strain or fatigue of any muscle, or of any set of muscles, by imposing work of more than normal constancy or degree, and we get a proving of muscle-strain which ought to be as instructive to us as the proving of any remedy in our materia medica.

As underlying these considerations it has been found that, in order to obtain from a muscle a series of contractions, each one of which shall be as good as the first one; in other words, that no fatigue, no strain may follow, there must be a certain, definite weight; and that the interval between the contractions necessary to lift such weight, be of a certain length, long enough to allow complete recovery of the muscle-tone. And it has been shown, further, that, if the weight be increased, the interval between contractions remaining constant; or, that, if the interval between contractions be shortened, the weight remaining constant; or, that, if the weight be increased, and the interval between contractions shortened simultaneously, muscular fatigue, or strain follows in a short time. Hence we have the physiological law, that, for each muscle, there is a given load with which the maximal amount of work can be obtained—regard being had both to the degree and constancy of the exertion. Violate this law, either as to the degree or constancy of the muscular exertion—as the hypermetropic, astigmatic, and heterophoric eye must do, simply because it does not involuntarily obtain clear focal images, and yet *will* make the utmost effort to obtain them, and muscle-strain, fatigue, or exhaustion is the logical and practical result.

But muscular fatigue, in itself, is not the only or final result of excessive muscular action; as, since there is, or can be, no voluntary muscle-contraction save in response to the application of nerve-stimulus, it will be granted, as an axiom, that all muscular exertion involves an expenditure of nervous energy, co-ordinate, at least, with the degree and constancy of such exertion. This granted, it also follows that muscle-fatigue, as it comes on, under normal conditions, implies not only fatigue of the muscle, *per se*, but also fatigue of the centres innervating the muscles. A constant output of nervous energy is necessary to maintain any muscle in constant contraction;

and a condition of voluntary tetanus, in any muscle, can be maintained only so long as the centre innervating that muscle is capable of maintaining it in a state of constant contraction; then comes involuntary muscular relaxation, which implies antecedent exhaustion of its innervation. That the nerves suffer first from muscle-strain and that the centres of innervation are directly responsible for the first loss of power in a muscle, has been clearly demonstrated by experiments of Mosso, Maggiora and Lombard. They have found that a muscle, after having been brought into a condition of complete fatigue by repeated voluntary contraction, will still respond to direct, artificial (induced current) stimulation of its substance, or of its nerve supply; thereby proving that the power to contract still remains in the muscle, and that the inability to do so is solely for want of "power behind the throne," exhaustion of the innervation. Hence, we are forced to conclude, both from theoretical and practical considerations, that muscle-strain, fatigue, or exhaustion, means and is tantamount to, nerve-strain, fatigue, or exhaustion.

But, continuing our lead, we are led to inquire: What are the consequences, local or constitutional, of this resultant nerve-strain? What facts can be adduced, direct or indirect, which, more or less completely, give us a proving of eye-strain, or muscle-strain, and establish its causative influence in the production of functional nervous diseases? In considering these facts let it be remembered that eye-strain means muscle-strain; that muscle-strain means nerve-strain, and that what is demonstrably true of muscle-strain, or muscle-fatigue, as applied to any of the voluntary muscles, is equally true of the ocular muscles.

A direct proving of eye-strain is obtained by placing upon the normal eyes of a healthy child, or of many such adults, a pair of presbyopic glasses, thereby inducing an eye-strain where, normally, there is none. In a few minutes, varying with the strength of the glass, and the more or less neuropathic predisposition of the subject, results are apparent; smarting, burning and aching of the eyes; aches and pains in various parts of the head; dizziness; confusion; vertigo; nausea; vomiting; in short, all of the symptoms of an ordinary headache; a migraine, megrim, or clavus; or a typical sick headache. Perhaps all of us have made such a proving, to some extent, by wearing, for a short time, our grandmother's spectacles, or the glasses adapted to the eyes of some person other than the experimenter. So we see the symptom-producing power, or pathogenetic influence of a refracting piece of glass; and its power, in this

direction, should be on a par with that which any drug may exhibit under similar conditions.

As directly bearing upon the causation of graver functional neuroses, through muscle-strain, and indirectly showing that the same conditions will result from prolonged strain of the ocular muscles, many facts are presentable from every-day life; and these are not without scientific demonstration. Underlying them all, and having an important bearing upon the ætiology of neurasthenia, is the principle that fatigue of one muscle, or one set of muscles, will produce partial fatigue in all other muscles. We have all noticed that the fatigue induced by a long walk soon becomes systemic, although but a few muscles are used in walking; and Maggiora has indisputably demonstrated, by means of the ergograph, that after a walk prolonged to the point of fatigue the muscles of the finger have become partially fatigued, *i.e.*, their fatigue-curve, as taken by the ergograph, is much shorter than under ordinary conditions. Many other facts of similar import are presentable; and if it be true that fatigue of one muscle, or one set of muscles, is soon communicated to all, and that muscle-fatigue is ultimately nerve-fatigue, we can see at once how eye-strain—prolonged, as it must be, if it exist at all—must, in a neuropathic subject, superinduce general nerve-fatigue, nervous prostration, or neurasthenia.

Bearing directly upon the origin of chorea, epilepsy, hysteria, hystero-epilepsy, and catalepsy, and deserving our most thoughtful consideration, are the remarkable experiments of Drs. Dercune and Parker, of the University of Pennsylvania. These investigators have carried the proving of muscle-strain to almost the extreme limit. I quote from the published account of their experiments: "The subject being seated, the tips of the fingers of one or both hands were so placed upon the surface of the table as to give merely a delicate sense of contact, *i.e.*, the fingers were not allowed to rest upon the table, but were maintained, by a constant muscular effort, barely in contact with it. Any other position, involving a like effort of constant muscular adjustment, was found to be equally efficient. Any one object in the room was now selected, and the mind fixed upon it; or some subject of thought was taken up and unswervingly followed. After the lapse of a variable period of time, extending from a few minutes to an hour, and depending on individual peculiarities . . . the subject was frequently thrown violently to the ground in a general convulsion, preceded by tremors, which rapidly became more violent. Seizures equalling in violence

a general convulsion were by no means induced in all subjects, and were generally the result of experiments repeated many times during the same evening. In the experimenters the convulsions became so easily induced that it was thought advisable to desist for a long period."

This experiment is scarcely short of startling as showing the possibilities—in some subjects the necessities—of protracted, physiological musculo-nervous strain. The homœopathicity of this pathogenesis to the main features of the more or less convulsive functional neuroses is certainly apparent and instructive.

If such manifestations as the foregoing, all of which are the result of perverted nerve-action, can be and are the result of burdens artificially and temporarily imposed upon certain muscles, will not and do not similar burdens imposed upon the muscles of the eyes by refractive, accommodative, or heterophoric errors, induce similar results? Obviously, yes. And, too, there are the best of reasons for suspecting, and expecting, that graver results must follow abnormal tension or adjustment of the ocular muscles, than from strain of any other muscles: (1) Because, if eye-strain exist at all it is constant and unavoidable, save when the subject is asleep. Think of a continuous, unremitting muscular strain of from twelve to eighteen hours duration, and of varying intensity, day after day; compare its possible, probable, and even necessary results, with those here shown to result from strain of but a few minutes' or a single hour's duration; and we get some adequate idea of the disturbing influence of eye-strain. (2) Because this excessive strain falls upon the most intricately arranged and delicately adjusted (normally) system of muscles in the body; and upon organs whose wonderful nerve-supply renders them the source, par excellence, of reflex functional nerve-disturbances: for, of the twelve pairs of cranial nerves, the second, third, fourth, and sixth are distributed exclusively to the eyes; in addition, they also receive the ophthalmic division of the fifth pair, and this, through its ganglionic connections, brings the eyes into relationship with the seventh and eighth pairs of cranial nerves, and with the great sympathetic system. From these anatomical considerations, we would naturally expect to find the eyes, when subject to such musculo-nervous strain as the aforesaid errors impose upon a neuropathic predisposition, just what they are, viz.: the storm centre for the generation of functional nervous diseases.

So much for the *a priori* evidence in the case. To strengthen this we have a vast mass of *a posteriori* evidence—cases of headache,

sick headache, migraine, neuralgia, neurasthenia, chorea, hysteria, epilepsy, hystero-epilepsy, melancholia, and insanity which have been cured by simply relieving the co-existing eye-strain. This phase of the evidence is interesting and valuable (1) as corroborating the preceding facts; and (2) as indicating how frequently eye-strain is a cause of this class of diseases—if the term disease may at all be applied to conditions having no recognizable pathology or known pathognomonic lesion. With this clinical evidence all are doubtless familiar; and I will not here review it, choosing rather to rest the case upon the almost neglected homœopathic evidence already presented.

Let it be remembered that the only claim of this paper is that eye-strain is *a* cause of functional nervous diseases—not that it is *the* or *the only* cause; for, in making this presentment of the subject, we are not unmindful of the other sources of peripheral nerve-irritation which may and do give rise to these neuroses: and we have no thought of underestimating or attempting to eliminate them as causative factors. But, in order that the treatment of these conditions may be rationally and successfully applied, much (I had almost said everything) will depend upon the search for and recognition of the cause in any given case. To facilitate us in this, we should have in mind the relative importance of the various ætiological factors; and here our knowledge of clinical results serves us well by pointing to eye-strain as the paramount factor. Upon this point, Ranney, who is not an oculist gone daft upon this subject, but a neurologist interested only in that method of treatment which yields the most direct and permanent results, says: “Eye strain is a frequent cause, and perhaps, the most important of all factors that tend to produce functional nervous diseases.”

But if eye-strain were a less important factor in the causation of these disturbances the pitiable and protracted character of the sufferings of these patients, the very great disappointment which often attends their treatment by any system of medication, and the eminently satisfactory results of non-medicinal measures appropriate to the cause of the trouble, would still entitle the patient to an ocular examination for the determination of a possible source of nerve-strain, unless some other plainly palpable cause were manifest. And surely every conscientious practitioner is bound to give every such patient such a thorough physical and scientific examination as will tend to the discovery of every possible source of nerve-irritation in order that the chances of relief may be enhanced. I lay particular

stress upon the determination of the cause in any given case because I believe that many of the disappointments following the use of medicine and all of the professional and lay skepticism as to the remedial power of medicine in general is the result of trying to do impossibilities with medicine, depending on them when, in view of the cause, they are not indicated and satisfactory results cannot follow. On the other hand, I regard the very satisfactory and even brilliant results attending the treatment of these conditions by relieving the eye-strain, when it co-exists, as wholly due to the recognition of the cause and adapting the treatment thereto. I know that these results, as Bouchard says, when speaking of the interpretation of infection, in his recent work on *Auto-Intoxication*, have "caused, according to temperament, enthusiasm or sarcasm, infatuation or dread. Infatuation or dread—these are two sentiments which science repudiates. She will continue, in spite of resistance and in spite of intemperate displays of an exaggerated enthusiasm, to march, serenely and unmoved, toward truth."

I do not believe that we have reached the ultimatum of medical truth and progress, but I do believe that we shall progress, both in the treatment and prevention of diseases, and that our progression will be measured by our success in penetrating into and recognizing the causes of disease and adapting our curative and preventive measures to them. It is an encouraging sign, and presages much, that, as Bouchard says, medicine "after having devoted herself during many long years to the verification of symptoms, to the research of anatomical lesions, to the study of pathological physiology, she comes at last to study the origin of disease. What is characteristic of these modern days, so far as medicine is concerned, is the high place we assign to the study of the origin of disease."

Personally, I believe that *tolle causas morbi* is the only universal law of therapeutics, greater even than our talismanic *similia similibus curantur*—greater because it is more comprehensive, includes, if you please, both medicinal and non-medicinal medicines. I would not disparage medicines when indicated and homœopathically applied, but there are non-medicinal measures which, when indicated, I would place upon a parity with medicines.

MENYANTHES has neuralgic headaches, commencing in the right side of the nape of the neck, extending over whole brain, ameliorated by stooping, sitting or pressure; aggravated by going upstairs, with a feeling of heavy weight on the brain.

ANOMALOUS FORMS OF VEGETABLE PARASITIC DISEASES OF THE SKIN.

BY PHILIP E. ARCULARIUS, A.M., M.D., NEW YORK CITY.

(Read before the Kings County, N. Y., Homœopathic Medical Society, March, 1894.)

THOUGH there are many forms of eczema, which in its varying phases has been said to comprise almost one-half of all the diseases of the skin, still there are patches of eruption which are scaly throughout their course, and whose margin, unlike that of eczema proper, is well defined. We all remember the old term, "eczema marginatum," given to an ostensible form of eczema occurring about the fork upon the inner and upper surface of the thighs, whose margin was characteristic and well defined, with an intervening streak of healthy skin between it and the main patch of the disease. But since the introduction of the microscope, this, and many other of the so-called patches of eczema have yielded, upon investigation of their scales, the evidence of the vegetable parasite in one or another of its elementary forms. Tilbury Fox many years ago contributed valuable information upon the tineæ or vegetable parasitic diseases, and showed that the fungus existed under four forms: Stroma; conidia or spores; chains of the same, and mycelia. The stroma he mentioned as an element often overlooked, but "very potent for evil." It is this form of the fungus*—the *stroma*—which it is the object of this paper to emphasize; for it is the opinion of the writer, after many years of careful microscopic investigation, that much that is termed chronic eczema may in truth be so, though rather a dermatitis with an added parasitic nature. This will account for the peculiar characteristics of certain chronic circumscribed patches of scaly eruption, with a well defined margin upon a surrounding healthy surface; their obstinacy in yielding to remedies, their tendency to relapse, so common in ordinary ringworm in children—due doubtless to the fact that after the vegetable parasite has insinuated

* Tilbury Fox defined the stroma as follows: "It consists of an infinite number of minute cells, which are probably derived from the multiplication of granules in the interior of cells and filaments, and is the early condition and nuclear form of the fully developed fungus. It accompanies all fungi in a state of active growth, is generally overlooked, and requires a high power for its detection." Crocker, also, in his new work upon *Diseases of the Skin*, discusses the fungus, and mentions an authority who describes "a small spore variety, without mycelium, and that produces the most obstinate cases."

itself into the tissues of the skin and there set up an inflammation, it becomes very difficult of dislodgement. This will explain the very long periods through which these scaly patches have existed—possibly years—and the consequent tedious results under treatment; for the parasite of *tinea versicolor*, one that has the least hold upon the skin, has been known to last from fifteen to twenty years. Thus many forms of so-called localized eczema are accounted for, existing anywhere upon the surface, though more especially upon the face, the neck, the scalp, the armpits, the flexure of the elbows, the backs of the hands, the fold under the female breasts, the groins, the popliteal spaces, about the fork, the anal region between the nates, and the palms and soles. All these are favorable localities where the skin is either rich in fatty secretions of the sebaceous glands, which stand closely together and are well developed, or where surfaces oppose each other, affording thus an appropriate soil.

It has been the experience of the writer to see many cases in persons of various ages, but all adults, and differently circumstanced in life. The disease has presented itself in one or more of the above locations, or elsewhere, under favorable conditions; or by the extension of the eruption, as an old patch of months or years duration; possibly, at times, moist; but, in the main, if not almost always, dry and scaly, with a well defined margin, and with or without itching. A few of the scales placed under the microscope and treated with the proper reagents have brought into prominence the vegetable parasite, as stroma or fine particles, scattered throughout the field in the substance of the scale, and giving it thus a minutely granular appearance. Occasionally may be found the spore, or exceptionally the interlacing mycelia, so typical of the vegetable fungus; but the cases to which the writer refers invariably presented the stroma like fine granules, this, and nothing more, as the *sole* feature for microscopic investigation. And it is upon this particular element of the fungus that the whole substance of this paper rests upon which to base the diagnosis, that the so-called eczema is nothing more than a vegetable parasitic disease of the skin of a chronic nature.

A case well-remembered by the writer, occurring in a physician attendant upon his lectures in the year 1877 at the New York Homœopathic Medical College, and who consulted him at his office, was one of the original sources of investigation on this particular subject. The patient had suffered more or less with his trouble ever since the occupation of an abandoned Confederate camp during the Civil War, and when he presented himself, showed the general

surface liberally supplied with sundry patches of a dry scaly eruption which in certain regions, as the scalp, manifested the characteristic circular form of ringworm, with dry and twisted hair readily falling out. Even the finger-nails were affected, and so too, the fold of the nates. The eruption had existed thus for a long time, and no diagnosis had seemingly been made until the writer placed some of the scales from the patches under the microscope, when, with the aid of the proper reagents, the characteristic stroma, like fine granules, became visible and well pronounced.

A second case, occurring in a young man in the year 1888, had been styled by a specialist, psoriasis, and appeared as a dry scaly



eruption, dotting the surface generally in spots the size of a small coin. The microscope again revealed the stroma, like fine granules; and the disease, determined thus to be parasitic, a favorable prognosis was given which under appropriate treatment was duly confirmed, for the vegetable parasitic diseases are all curable.

A third case of more recent years was that of a missionary returned from Japan who presented spots about the face, one upon the temporal region being prominent, round, scaly and marginate, while to these were added quite general alopecia, though the scalp seemed free from scales. The patient gave no history of special contagion, though in a general way was narrated the interesting fact, that as

the heads of children in Japan are shaved it is the custom of the instructor, by way of commendation, to stroke the bare head with the hand, and that thus skin disease is transferred from child to child, and many have sore heads. In the present instance the patient said this habit had been avoided, and that contact with the children's heads had been shunned. However, this general history, with the special condition of the skin, led the writer to make a differential diagnosis by the aid of the microscope, only to detect the presence of the stroma, like fine granules, in the microscopic field throughout the scales. Under suitable treatment a favorable result ensued.

The three foregoing cases have been cited among many others; two with a history of contagion, as typical ones by way of proof of what has already been laid down by the writer, and are only a few of a long series of cases, extending over a term of fifteen years, and yielding invariably the same results under microscopic investigation, and leading up to the title of this paper, and all yielding to appropriate parasitic treatment; for, as already stated, all the vegetable parasitic diseases are curable, though remedial measures must sometimes be persevered in for a long time.

Since the above facts were written, the writer finds that Unna defines eczema as a "chronic parasitic catarrh of the skin with desquamation, itching and a tendency, when irritated, to result in exudation and marked inflammation." Also, that Eichhoff makes mention of the parasitic theory of eczema, and would confine the name eczema to non-parasitic cases, while parasitic forms might be termed "dermatitis parasitaria," saying, that the latter "commence in the form of hyperæmia and slight infiltration, soon going on to superficial desquamation; that the progress is in circles or rings of increasing size or gyrate; and that when the parasite penetrates more deeply into the skin, the slight scaliness gives way to a more marked irritation, exudation, swelling and vesiculation, or pustulation." Eichhoff considers chronic eczema of the face and scalp in children as a parasitic dermatitis, the parasite arousing extreme inflammatory action; so, too, forms of eczema closely resembling psoriasis in the appearance and distribution of lesions as to be differentiated in some cases with great difficulty. Jonathan Hutchinson holds that "Eczema is not a substantive disease, but simply one of the commonest forms of local dermatitis, and may be evoked by a great variety of kinds of local irritation. However evoked, it originates, in the act of inflammation, a material which is more or less infectious to the tissues of the patient, and thus scratching is one of the chief causes of

extension. In this way anything which makes the skin itch may aggravate eczema. For the most part it shows no tendency to spread from the patient to those about him, yet in some cases, especially when in hot weather many elderly people occupy the same ward, eczema may prevail as an epidemic." Besuier says that the "term eczema represents neither a lesion nor a disease, but designates a most complex and confused dermatological germs." Crocker, in his recent work upon the skin, says: "My own view is this: that while a limited number of local eczemas are parasitic, in most the dermatitis however caused, only opens the door to parasites whose presence keeps up local irritation, so that their destruction is an important step in the restoration of the skin *ad integrum*."

With this last exception, the writer has quoted largely from Sajou's *Annual*, of recent dates, where the foregoing facts are very tersely stated by Van Harlingen; and, to say the least, he was surprised to find that along his own original lines of investigation, pursued alone by himself for so many years, and leading him to find by the microscope so many so-called patches of eczema and psoriasis parasitic in their real nature, that authorities so well known as those just given had arrived at similar results.

To the writer it seems that the truth lies somewhere between the two extremes, and that while all inflamed, chronic, scaly patches are not necessarily parasitic, but may be forms of uncomplicated eczema or psoriasis, still that this is the exception and not the rule, and that in the vast majority of cases of irregular circular type, with distinct margin, but fine scaling, and only a moderate amount of itching and moisture, and usually dry; that these invariably call for microscopic investigation to determine their true nature, and usually yield evidence of the stroma, like fine granules, and thus of a parasite. This blending of the characteristics of eczema and psoriasis in these patches of a parasitic nature may also explain the opinion some hold that these two diseases may sometimes coexist on the same patient at the same time.

II.

In view of what has been already written upon the parasitic nature of so many so-called cases of eczema, and for which the more appropriate appellation should be *dermatitis parasitaria*, it behooves the skillful practitioner, in order to meet the requirements of the case and satisfy the real needs of his patient, and just so soon as he has determined by a proper microscopic examination the elements of a parasitic growth, to proceed in the use of such measures, both gen-

eral and local, as will insure the best and most speedy results. This is most assuredly his bounden duty, which no one will dispute, but how shall it be accomplished?

This leads to a general consideration of the treatment of these forms of skin disease and all it implies. It cannot be denied that usually there exists a certain dyscrasia, a blood, nerve or tissue condition, involving the general health, and calling for the proper homœopathic remedy such as the pathogenesis of each case may suggest. This is all-important with every one, particularly with those who hold that these diseases are not essentially local, but rather general in their nature, and not dependent upon the introduction of the vegetable spore from without. Thus, among school children or members of the same family we know there exists an immunity from contagion on the part of certain individuals, yet this is the exception and not the rule, for the fungus may be diffused through the medium of the air. This certainly suggests the fact that contagion, coupled with predisposition, rules, and accounts for the generality of the vegetable parasitic affections, emphasized by their occurrence upon regions exposed to contact, as the skin of the face, neck and scalp in children.

In a former paper, published in the *North American Journal of Homœopathy*, in 1876, upon the general treatment of skin diseases, the writer there relegated the vegetable parasitic diseases to a distinct class for local treatment with parasitocides, while, in the main, pressing the importance of internal medication alone with the single homœopathic remedy according to the *similimum*, and that too, in the case of single discrete local lesions!

Again, in a paper read before the American Institute of Homœopathy, in 1887, upon local treatment in eczema infantile, the writer urged the importance of local applications as *dressings* to the diseased surface, whether the lesion involved a solution of continuity, or threatened, from irritation and scratching, secondary conditions; thus to facilitate the prompt and proper action of the internal homœopathic remedy. But here, again, the vegetable parasitic diseases were alluded to apart as an unique class, demanding for their cure parasitocides. Not at this time, but since then, authorities already quoted have arisen who denominated eczema infantile as one of the many forms of dermatitis parasitaria; so that the writer in discussing this subject under the title of eczema, and recommending local measures as dressings, builded better than he knew, though emphasizing their vast importance to allay the great irritability and suffering on the part of the child.

Unna, one of the principal authorities espousing the parasitic nature of eczema, cites, by way of proof, how the chronic scaly patch will readily respond to the action of the local parasiticide; and doubtless the daily practitioner, enthusiastic though he be in the law of similars, and honestly groping after the proper internal remedy—will recall to mind his occasional failure therewith, while, in other hands the case which has dragged along with him has speedily, as if by magic, been cured by the proper local dressing, parasiticial it may be.

All this does not detract from the superior advantages of homœopathy in the internal treatment of diseases of the skin, but it convinces the rank and file of the profession that homœopathy has its limitations, and that what does good and cures is at all times the proper treatment, and that surgery—chirurgery—handwork—is called for in dealing with skin diseases quite as much as where manual interference is needed in the management of affections of the eye, ear and throat, let alone instrumental operative procedures where the conditions are, from the nature of the case, beyond the reach of internal remedies. The case is thus presented none too strongly, for it goes without saying, and the truth must be acknowledged by every one, whether he be greatest enthusiast in homœopathy, or the most brilliant student of our *materia medica*, or the learned professor in therapeutics, professing all things. “So far shalt thou go and no farther,” will be the verdict placed upon him who tries and tries and fails with the unaided internal remedy, for though many conditions may be remedied, and many diseased states modified, still, where the vegetable parasite has gained a foothold in the tissues of the skin, and thrives and grows luxuriantly under an existent dermatitis, however important and well advised may be the internal medication, no case will be *cured* without the proper parasiticial measures locally applied.

Any one conversant with the true nature of parasitic troubles, involving hairy surfaces, endowed richly with sebaceous and hair follicles, knows the exceeding difficulty and complexity of treatment, and how stubborn is the resistance to remedies, and how prone to relapse are these conditions, and that, with the internal remedy unaided, failure will be the rule. Besides, Vidal has shown that the fungus is *aërobic*, and the principle of excluding air is the one now extensively adopted. And then, too, something is due the community in which the patient lives; and it is certainly incumbent upon the physician to see that the fine spores of the parasite are not wafted,

like any other vegetable pollen, through the air, thus to propagate the species upon some new individual. Thus, a thorough and speedy cure is to be desired, not only for the patient, but also for society at large. Long ago, Tilbury Fox suggested, that, in school children, and in institutions where large bodies of children are thrown together, that, as in the case of contagious eye diseases, so in parasitic skin diseases, there should be systematic inspection from time to time by way of prophylaxis.

It alone remains to note some of the special measures demanded in dealing with these so-called cases of chronic scaly eczema, or rather, "dermatitis parasitaria," confined as they are to special localities, as one, two, or a few individual spots. We may, in truth, test the efficacy of *rhus*, *apis*, *arsenicum* and *mercurius*; or, *graphites*, *calcareae*, *lycopodium*, *sepia*, *silica* or *sulphur*; or any other remedy that the pathogenesis of the case may suggest, and to our entire satisfaction. However, after all these indications for internal remedies have been complied with, many practitioners find to their chagrin, that something yet remains to be done; for the case reaches a condition of stasis, and the action of the remedy is at a standstill, while the itching and scratching go bravely on, and the disease thus kept up, tends to relapse into its initial state. It is just at this juncture that local applications avail, and lead on royally to a cure, by allaying irritation, and destroying the element of parasitic growth; for, by the action of the finger-nails, and the renewed trouble thus set up, the results of internal medication are rapidly reversed, while by their medium of communication the disease is spread from spot to spot.

To specify, the milder the application the better the effect, and the less the interference with the internal remedy. But, where the nature of the case warrants in point of chronicity and obstinacy, nothing should be omitted in the way of a local dressing to insure the best results. Nothing is so uncertain as the action of local applications upon the diseased skin; for what will aid in one individual, will fail in another, so that a patient who has been the rounds of the physicians will be speedily helped by something new in his case, though old in the catalogue of drugs. It is the experience of the writer, after twenty-five years' practice in diseases of the skin, to see cases relegated to his care by the general practitioner, where faithful and scientific internal medication had seemingly failed, get well rapidly, as if by magic, when wisely and judiciously, the proper local dressing has been applied; and this has been the history

of many cases, oft repeated, so that the writer knows whereof he speaks. Invariably, in all cases where the scales have been examined under the microscope, and the vegetable parasite, as stroma in the form of minute granules has been discovered, the inevitable prognosis holds good; and, sooner or later—though possibly after much perseverance, though none the less surely—can be promised, a cure.

104 W. 44TH STREET, NEW YORK CITY.

VAGINAL HYSTERECTOMY FOR CANCER OF THE CERVIX UTERI.—RECOVERY.

BY NATHANIEL ROBINSON, M.D., BROOKLYN, NEW YORK.

(Read before the Kings County Homœopathic Medical Society.)

THE word cancer conveys such a horrible picture of distress and suffering to both the laity and the medical profession, and very justly, too, that it is with no small degree of satisfaction that I am able to report the following case, which presents many curious and instructive symptoms, especially those left after the operation:

Mrs. S —, age 43, the mother of three children, complained, during the summer and fall of 1891, of many symptoms indicative of nervous prostration, and it was only after considerable hesitation and diffidence that she told me her true condition. Among the prominent symptoms at that time were intense burning, cutting, knife-like pains in the uterus, attended with slight hæmorrhages, especially after any unusual exertion.

An examination revealed a laceration of the cervix, with a small cauliflower-growth at the bottom of the laceration. All of the tissues in the immediate vicinity of the growth were enlarged and quite nodular. Uterus movable and of normal size.

In December, 1891, I removed the lower portion of the cervix by the electro-cautery. This operation gave almost instant relief to all symptoms, and until about the 1st of March, 1892, there was nothing to indicate that the disease was recurring. About March 1, 1892, the entire set of symptoms returned, excepting the hæmorrhage.

The cervix, or rather what was left of it, at this time was enlarged, tender and very nodular. Knowing the only hope was a total extirpation of the uterus, I advised operation at once.

Consequently, on the 22d of March, with the assistance of Drs. Clarke, Hudson, Risley, Warner and Winchell, I removed, per vagina, the entire uterus, tubes and ovaries. It is not necessary to cite the details of the operation, save that the clamps were removed on the third day, and at the ninth day all the ligatures came away save one. The temperature at no time went higher than $100\frac{4}{5}^{\circ}$ F., and that only just before the ligatures came away, after which the temperature remained normal throughout the entire convalescence.

At the end of four weeks the patient was sitting up, feeling well as ever, being weak, of course. The one ligature mentioned above as not coming away with the others on the ninth day, finally came away at the end of the sixth week. This ligature left a track from above to the vagina which was a long time in closing.

The patient slowly and steadily improved, though troubled considerably after, about three months, by pain in the cicatrix in the vault of the vagina; not the burning, knife-like pains she had formerly suffered from, but an intense aching soreness. Finally there appeared several small granulations or small bodies looking like granulations in the scar.

I tried to make myself believe it was not a recurrence, but attributed it possibly to a reopening of the fistulous track, associated with an irritable cicatrix. For several weeks, applications of chloride of zinc solution (5v - 5j) were made. Large sloughs came away, the pains gradually ceased, and to all appearances now, a year and a half after the operation, everything is in as satisfactory condition as could be wished for, and, as far as I can see, the patient is cured.

A short time after the operation a train of symptoms set in which I have been unable to benefit at all by any treatment whatever. Every four weeks she experiences all the sensations and pains usually attributable to menstruation: intense aching in the ovarian regions, weight and pressure in the uterine region, bearing down as though everything would protrude or escape through the vagina, hot flashes, headache, especially in the occipital region; backache, cold hands and feet.

All these symptoms would last about one week and then pass off, leaving her entirely free from pain, and would continue so for three weeks, then would come her "bad week," as she expressed it. Many a time during these false menstrual attacks the sensations so closely simulated menstruation that the patient made examinations to see if she were not unwell, but never a drop of blood. This train of symptoms still continues, but of late have been growing somewhat less acute.

One other symptom especially baffles me, and that is nausea. This is constant, night and day, though varying at times in degree. Nearly all the medicines mentioned in the *materia medica* have been faithfully tried, in all potencies, and I can truthfully say that none have given any benefit at all. Electricity also failed to afford any relief.

While the patient is suffering from neurasthenia, her "bad weeks" and nausea, she is slowly and steadily improving, and with time there is every prospect of being a well woman again.

Any suggestions by any member of the Society as to the treatment or medicines likely to benefit her in the present conditions will be very thankfully received.

It might be objected to that sufficient time has not elapsed since the operation to pronounce the case as cured, but when we consider the extreme vascularity of the tissues involved, and the rapidity with which cancer spreads in these parts, eighteen months certainly seems to be a sufficient time.

It is only during the last few years and the advances of modern surgery that successful cases have been recorded in the medical journals of the day.

Every case cured should stand out as a beacon-light to the sufferer as encouragement and a hope that they, too, may be cured. Nothing is more cheering to a patient than to know that some one else has been afflicted in like manner and has recovered.

ARBORIVITAL MEDICINE.

BEING AN INQUIRY INTO THE CURATIVE POWERS OF SOME OF
OUR COMMON FIELD AND GARDEN PLANTS, JUDGED
OF BY THE DISEASES OF THE EAR.

BY ROBERT T. COOPER, M.A., M.D., T.C.D., LONDON.

(Continued from March, 1894.)

LEMNA MINOR (*continued*).

IN proceeding with the consideration of the action of this remedy, I must consider myself fortunate in having the following case to bring forward:

I.—A boy of fourteen, whose nose was completely blocked up for the last two years, and whose nostrils were full of polypi, the nose

itself being broadened, and in whom the nose had been cleared out by operation a year ago at St. Bartholomew's Hospital, was sent to me by my colleague, Dr. J. H. Clarke. The boy never remembers having smelt anything; and the polypi can be easily seen blocking up both nostrils.

From the 26th of November, 1892, to the 4th of March, 1893, four doses of *lemna m. φ A* were given at intervals, without much change; then *calcareo carbonica* 200 was given, and two weeks after, as he had faceache, *mercurius* 3d dec., and on the 8th of April following the faceache was better; but the nose in no way improved.

Then, *lemna* was given again, and this time with the most pronounced relief; the nose became much clearer; and he went on taking it, and it alone with scarcely an exception, in fortnightly doses, till the 14th of March last, when his nose was quite clear, with none but a very small polypi visible, he could breathe freely, and his sense of smell had completely returned.

The delay in the manifestation of remedial change from November to March, arose from complete blockage of the nose; and until the space created by the subsidence in the size of the polypi sufficed for a passage of air, the patient had no reason to acknowledge relief.

In the treatment both of swollen tonsils and in that of nasal polypi, the prescriber will be led away at the onset who accepts the testimony of the patient alone; he should make careful inspection of the parts, and be guided by what is often but a slight local change, as well as by concomitant, and it may be remote, symptoms.

II.—The next case I have to bring forward, is one of *ozæna*, in a girl of sixteen, who had been three years under the treatment of a colleague who kindly sent her on to me for treatment at the London Homœopathic Hospital. This girl, whose occupation was a teacher, had had *ozæna* since three or four years old. The odor complained of was horrid, and the discharge excessive; a most unpleasant smell in the nose and nasty taste in the mouth; she takes cold easily if out in the night air or damp, and her nose, at times gets stuffed up; bowels irregular; catamenia only twice—once three months ago, and two months before that.

On December 30, 1893, I prescribed *lemna minor*; and she returned to me from the country where she was living on the 31st of the following March, imploring me for another powder, as she had been almost well for two weeks after the last, and then had relapsed to her old state—breathing is short, and is low-spirited.

21st of April, very much better; odor not nearly so bad, discharge much less; unmedicated pilules, three times a day.

19th of May, 1894, kept better for a month; took cold two weeks ago, and since then, throat has felt thick and nose has discharged with a horrid odor. Catamenia regular. Breathing is better; crusts coming from both, worse on the left side. To have *lemna minor*.

This patient came from a distance, which prevented frequent attendance; but the above is quite sufficient evidence of the power possessed by *lemna m.* in acting upon the nasal mucous membrane.

In both these cases relief was immediate after the administration of the dose; and in neither case could any reasonable doubt exist as to its being drug effect.

In some cases I have known a certain disturbance of the bowels to set in after a dose of *lemna*; but this effect of the remedy is not sufficiently pronounced to be able to say much about it. Still it is interesting to narrate one or two experiences, especially as in the first of these, at all events, the concomitants were interesting.

III.—In a married lady, aged about 26, for whom I prescribed *lemna m. φA*, on Saturday afternoon, November 12, 1892, and in whom there existed a good deal of catarrhal pharyngitis, due to high up post-nasal ulceration, and who suffered from a dry feeling at the top of the throat, with flatulence, and some pain in the bowels towards the evening, described as “twisting” pain, and in whom the nose was blocked on the right side, but without any visible polypus, and in whom the heart was easily disturbed, causing dyspnoea, the bowels being slightly confined.

Two weeks subsequently, she stated that after the dose of *lemna* the nose felt less blocked, and she felt better in every respect; but that on the Tuesday following, diarrhoea set in, which began with twisting pains in the bowels, and went on to sickness; continual watery stools. The least chill or nervousness, I must say, upsets her in this way; and she was subject to the same, the last two catamenial periods. She still wakes with her throat dry and tongue coated. Borax 2x was then (November 25th) given without any noticeable effect; and on the 9th of December, *lemna minor φA* was again prescribed for the following symptoms:

Mouth sore after talking or singing, and dry in the morning; tongue coated.

On the 23d of December, reported herself much better; tongue not so coated; heart less disturbed; no indigestion or diarrhoea.

Nose not perfectly clear, but no unpleasant smell or taste, as she

used to have, and throat no longer dry or uncomfortable. Instead of waking up with a dirty mouth, it feels clean, and her taste pure.

IV.—A man, aged 47, who suffered from old-standing vascular deafness, and who especially complained of snoring a great deal, was given *lemna minor*; and next day, a rumbling and disturbance in the bowels set in, and he felt as if he had taken medicine of a searching character. This lasted for three days, bowels acting during this time freely, with much heat in the passage (anus); but was not bilious, nor were the motions diarrhœic; the snoring went away, and he ceased to dream unpleasantly when asleep. Hearing, too, seemed somewhat improved.

V.—In another case, after a similar dose, diarrhœa came on next day, with pains across the bowels as from flatus; worse after eating, and a very putrid taste, with an improvement at the same time in a stuffiness of the nose from which he was suffering.

VI.—Crusts form in the right nostril and pain like a string extends from the right nostril to the ear of the same side, and right ear is deaf. (In a woman, aged 26, great relief.)

It is with great pleasure that I have now to bring forward, not my own observations, but those of two valued colleagues. Dr. J. H. Clarke sends me the following:

LEMNA MINOR, CASE I.—A lady, aged 47, two years previously met with an accident; a sign-board fell on her head when out walking in the street. Seven days after that was taken with sneezing attacks, suffered from nasal catarrh with little intermission until March, 1893, when she came under my care. *Psorinum 30* soon put a different complexion on the case, and she became so far relieved of her trouble (which had made her life almost unbearable, as she never dared make an appointment for fear of an attack coming on) that she discontinued treatment. Last Christmas a sharp attack of influenza brought back the catarrh, and this time it proved less amenable to treatment.

Fears of polypus distressed the patient, though I could not discover any.

However, she again made progress, but scarcely as rapid as I could have wished, when I thought of giving her *lemna*, on indications given by Dr. Cooper.

On February 15, 1894, I gave it in the 3x, one tablet four times a day.

February 22d, very much better. Has felt freer in the head than

at any time during the last ten years. Has felt very much better generally; spirits braced up.

She steadily progressed to cure, and by March 15th could endure the smell of strong scented flowers, which before was impossible.

CASE II.—Captain B., aged 44. Consulted me on February 29, 1894, for violent neuralgia on the right side of the neck, the part being exquisitely sensitive to touch. He had cough and cold for a month. On getting up in the morning, he filled two pocket-handkerchiefs with yellow defluxion before he got his nose clear. I gave him bell. 12, to take till the neuralgia was better, and then told him to take *lemna* 3x. gtt. j. three times a day.

On March 9th, he reported that the bell. speedily took away the neuralgia, and that then the *lemna* cleared off the catarrh in a most astonishing fashion. He never had a medicine to act so magically before.

30 CLARGES STREET, PICCADILLY, W.

APRIL 21, 1894.

The next communication that I have to bring forward is one from Dr. J. C. Burnett:

“Dr. Cooper told me that he had relieved a case of nasal polypus with *lemna* minor, and having several cases of the kind that had long been under my observation, I thought it my duty to give them the benefit of *lemna*.

CASE I.—A gentleman of 60 years of age, with nasal polypus only moderately developed, yet of many years’ duration, was much troubled by the chronic nasal obstruction which was markedly worse in wet weather.

I gave him *lemna* 3x, five drops in water night and morning. Returning in a month, he exclaimed, ‘that is the best tonic I have ever taken; I have never taken any medicine in my life that has done me so much good. I feel quite comfortable in my nose and can breathe through it quite well.’

CASE II.—A lady, about 45 years of age, mother of a large family, and whom I had formerly cured of an uterine tumor, was so troubled with nasal polypi that her life was very distressful; moreover, the polypi had swelled so much that they hung out of the nostrils and compelled the patient to remain within doors. This was notably the case in wet weather. Why not have them removed chirurgically?

‘Oh, I have had them operated on over and over again, but it’s no good; they only come again worse than ever.’

I had tried many things to cure these polypi, but in vain; they would get temporarily better, but the first rainy weather brought them back worse than ever; hence Dr. Cooper's recommendation of *lemna* was very welcome to me.

I ordered, as in the last case, with the result that the polypi very greatly diminished in size, and the patient could again take her place in society.

I have used *lemna* in many other similar cases, and with the like result. In no case is the polypus really cured, but greatly diminished in size, and the patient rendered relatively comfortable. Clearly the *lemna* does not either kill, cure, or otherwise get rid of the polypi, but it rids them of much of their succulence, and thus reduces their volume, and also diminishes the influence of wet weather to which such patients are so prone. And this is no small boon; is itself in every way superior to any operative interference. The tincture I made use of was made by Dr. Alfred Heath. The first prescription only being of Dr. Cooper's own make. Both acted alike well."

86 WIMPOLE STREET,

JUNE 4, 1894.

From these remarks of Dr. J. H. Clarke and Dr. J. Compton Burnett, as well as from my own, I think there can be no doubt whatever that the *lemna* exercises a powerful influence upon the Schneiderian mucous membrane. How far it is capable by its specific action of removing large groups of polypi remains as yet an open question.

My own experience of the treatment of nasal polypi is that we have very few remedies that can at all be depended upon for giving even temporary relief. Even from *calcareo carbonica* and *teucrium verum marum*, I have not had the effects that some practitioners testify to their possessing.

Lemna has so far given relief in my hands to cases of nasal polypi and to cases where the nostrils were plugged by swollen turbinates and other causes in a manner far surpassing the effect I have obtained from any other remedy.

In saying this I do not at all wish it to be understood that we have in it a specific for all such cases.

We must remember that the symptoms in all such obscure diseases must be our guide for the selection of our remedy, and that, therefore, the important point is to work out the specific indications for the drug, as we learn them from clinical observation, in the hope

that on some future occasion pathogenesis may render these still more certain.

The indications that I myself have noticed as belonging to *lemna* are either *a putrid smell in the nose or a loss of all sense of smell*; and *a putrid taste in the mouth, especially on rising in the morning, with a general foulness of the mouth, due apparently to the dropping down of impure material from the post nasal region.* Along with this there sometimes seems to prevail *a disposition to "noisy diarrhœa."*

Dr. Burnett has noticed that *lemna* patients have their nasal symptoms *aggravated in damp and rainy weather*, and I have to some extent confirmed this observation.

I hope on some future occasion to return to the subject of *lemna*; it is in every way well worthy of being prosecuted further.

Thus, for example, a lady patient, æt. 58, suffering from pains flitting about her head and legs, with pains in her eyes during heavy rain, and in whom drowsiness by day and restless sleep at night existed, had all these symptoms removed by a single dose of *lemna*; and the pallid, dullish, sickly look in her face changed to a complexion that was natural and healthy.

The truth would seem to be that *lemna's* symptoms are specially aggravated in heavy rains; *calendula's* when heavy clouds are about, *rhododendron's* in thunder storms, and *dulcamara's* in damp surroundings and in foggy weather.

VIOLA ODORATA.

It may interest the readers of this journal to learn further particulars regarding the case of chronic choroiditis given partially in our last article.

After the headache being removed, the sight continued to improve, and on November 17, 1893, the lady wrote me to say, "I am quite well without an ache or pain; I could not read for years without dire results; last week I had several books I wanted to wade through in order to pass them to a friend; I read almost incessantly for four days, and wonderful to relate I never had a vestige of pain in my head. . . . I can see to read at night, and there is no irritation or dimness. In this benighted part of the world there is no one able to play the harmonium in church, so I am obliged to manipulate the keys; for months I have sympathized keenly with the congregation; the discords were simply distracting owing to my inability to see the notes. The other Sunday evening, although I had only two candles, I could see perfectly, and by way of experiment

I sat as far back as I possibly could, and so to speak, the music stood out in bold relief, every line quite clear, and very often I can see to read better without my glasses than with."

In reply to this I ordered the immediate discontinuance of glasses, and on the 27th of the same month received a letter from which these are extracts :

"I discontinued my glasses the morning your letter arrived ; the first day my eyes were very weak as if they had been overstrained by the glasses ; they are getting stronger every day. I can see everything in a room, down to the color and pattern of the carpet ; out of doors I can see the trees, hedgerows, and mountains ; and I am able to recognize people in the road. I can see to read, and the print does not appear to be blurred as it used to be. I did the music yesterday without glasses, but it was a rather difficult feat to accomplish, still I got through without collapsing. . . . I can manage everything remarkably well except the music in church, but I hope in a few Sundays I shall find less difficulty. No one has the least conception what a delight it is to be able to see after having been nearly blind."

Without burdening the readers of the journal with further particulars, I pass on now to the 10th of March, when the patient wrote to me as follows :

"I have been unwell this week, and on Monday I had a slight headache, so slight that it scarcely caused me any inconvenience. I also felt rather sick ; it passed away in the evening but returned with a little more severity on Wednesday morning, and continued until Thursday morning. I again felt sick ; the first day the pain was through my head, the second day about an inch or two above the right ear ; it was not severe and distracting like my old headache ; it was a very mild form of attack, and I do not think there was any affinity between it and the pain of former days. I cannot assign any cause except that I was unwell at the time ; it is a very rare occurrence for me to feel sick ; I have not been really sick many times in my life."

In reply to this letter I forwarded *viola odorata* φ A as before, in September, and on the 23d of March received a letter from which these are extracts :

"I took the powder on the 13th. I am in very good form just now and must be very strong. It is almost incredible the amount of strength I have picked up since my old enemy has put on better manners. I get over such a lot of ground every day. I walk miles

and enjoy this delightful exercise most thoroughly and never feel fatigued or exhausted. I have such a splendid appetite, I think I must be rather expensive to keep. Sometime ago I was visiting friends, and my host remarked one morning that I was so cheap to keep that I was welcome to stay in his house all the days of my life. I am perfectly sure he would not like to maintain me now. . . . Evidently the food I consume nourishes me. My sight is extremely good. I will not trouble you with full details. . . . I am positive there cannot be much disease, if any, at the present moment, and I firmly believe my eyes are as healthy as any pair in Denbighshire. I am just like a child with a new toy. I am constantly testing my ability to see distant objects, and the result is invariably delightful."

In a subsequent letter in reply to my inquiry as to how the last Powder had acted, she stated there was no noticeable effects from it, beyond making her feel stronger; and there has been no trace of any further headache; a letter dated May 11, 1894, ends in saying, "I am quite well and my sight is in splendid order thanks to your kindness."

I wrote to the oculist under whom this patient had been, asking him to favor me with details of his notes of the case, and specially with the results of his examinations, which I understood to have been made about a year before I had prescribed for her, and I was favored with a polite promise from him of compliance with my request, provided the patient gave permission. This permission, I need hardly say, I succeeded in obtaining; but what I did not succeed in obtaining was any further communication from the gentleman referred to. Conduct such as this has, however, the merit of not being able "*to beat record.*" The scientific mind after all does not seem to be the impartial, disinterested, and truth-loving affair that it is sometimes represented to be.

30A GEORGE STREET, HANOVER SQUARE, W., LONDON.

KALI PHOS. AS THE NERVE-TISSUE SALT.

BY EMILY L. HILL, M.D., ROCHESTER, N. Y.

UNDER the heading of "nervous system" in the third edition of the *Tissue Remedies* the statement is made that kali phos. is the great nerve-tissue salt. That, together with symptoms pointing to

the drug, furnished the basis for its prescription in the cases cited in this paper.

No. 1. Girl, aged six years, family history good; she was a premature birth, the mother being delivered at the eighth month of gestation, from the effect of a fright received at a Fourth of July celebration. During the interval before the birth of the child, which took place July 8th, the mother was constantly conscious of a palpitating, quivering movement of the fœtus. For several days after birth the infant was observed to have attacks of catching respiration. During infancy and childhood she was very easily frightened by any unusual noise or object. At three years of age had what the attending physician called "child-crowing," and which passed off after about three months of treatment, but returned about a year later and persisted for some time. Could not be sent to the kindergarten because of nervousness. At the time I was called to see the case the child was suffering from an attack of middle-ear disease with torticollis. She had high fever, was crying with pain, and would nearly go into a spasm if any effort was made to examine the ear. In the morning the ear was much better, but the child was a picture of neurasthenia, notwithstanding the fact that the text-books tell us that neurasthenia is a disease of adult life, and rarely exists before the eighteenth year. There was the exhaustion, both mental and physical, following any exertion; the restless, unrefreshing sleep; the peevish irritability, and the tremor of the hands so marked that it was with difficulty she could carry anything to the mouth. I prescribed kali phos. 3x, a powder to be taken four times daily for a week. At the end of the week, improvement was very perceptible. The remedy was continued in the 12x twice daily for one month, and then discontinued. The result was most satisfactory. She entered school in the fall, and continued well until in February, when the family moved to another part of the State. At last report she was attending school and joining in the studies and recreations of other children of her age.

Did the shock to the mother, which was sufficient to cause premature birth, have aught to do with the extremely sensitive, nervous system of the child? The accident occurred at a time when development, especially of the inhibitory centres, is incomplete, and when the nerve cells must be in a state of instability.

No. 2. Girl, aged five years. A thin, pale, delicate little creature belonging to a decidedly neurotic family. Mother died of puerperal septicæmia on the tenth day. Father died of tuberculosis. When

about ten months old had an attack of inflammatory diarrhoea, and the physician—a regular—said the disease had gone to the brain and death was inevitable. All medicines were stopped, and in about twelve hours improvement set in and was followed by a slow recovery. At the time I saw her she had been suffering for some time with attacks which came on about an hour after going to sleep. She would awaken crying and screaming and struggle as if in great fear and distress. Although her eyes were open she did not seem to see any one who was about her and would frequently call for her grandmother and aunt who were caring for her. At first these spells only lasted a few minutes, when she would go to sleep until morning and then awaken all right. Recently they had lasted fifteen minutes or longer, and in the morning she would be very languid and lie on the couch all the forenoon. The case had been diagnosed worms and treated by domestic remedies; she had also had medicine from a “regular” physician, but without relief. Prescribed *kali phos.* 3x to be taken four times daily, the last powder to be given after retiring. The result surprised me. The attacks ceased immediately, and there was no recurrence for about six months, when there was just one which the grandmother ascribed to a day of considerable excitement which was prolonged past her usual bedtime. Having some of the powders in the house, she gave them, and now, eight months later, there has been no recurrence.

No. 3. Woman, aged 68—the other extreme of life. After nursing her husband through a prolonged sickness terminating in his death, there was every evidence of breaking down of the nervous system. Sleeplessness alternated with nights of deep exhausting sleep with oppressive dreams, leaving her more tired in the morning than at night. Then followed days of extreme weariness and languor. Having regard to the history of the case, I first prescribed *ignatia*, and followed this by *phos. acid*, but got little relief. I then gave *kali phos.*, the 2x in water a teaspoonful every hour. Improvement was marked from the first. The dose was reduced to twice daily and continued for two weeks. Her flesh, which had been soft and flabby, became firmer, digestion improved and sleep became quiet and restful. An interesting and, perhaps, instructive point in this case is that the good effect does not seem to be permanent, as in the case of younger subjects, but the remedy has to be repeated at intervals of two to four months. May not this be explained by the age of the patient and the flagging of the natural recuperative energies?

THE TREATMENT OF UTERINE FIBROIDS.

BY L. WILLARD READING, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Philadelphia.)

THIS is a subject that should interest every physician, as all are liable to meet these cases in practice. There has been much written about it, much spoken about it, and much read about it. So I do not suppose there are any present who are not familiar with the subject. Some have formed opinions hurriedly, without sufficient thought or trials, and, as I always welcome any new literature, so I hope, to-night, that I can say something that will be of interest to you.

I shall not give the pathology or ætiology, with which you are all familiar, but shall only state that fibroids are developed from the muscular and connective tissue of the uterine walls. From the nature of the tissue composing the growth, they are divided into soft or myomatous when composed of muscular tissue; hard or fibromatous when composed of connective tissue; and fibro-myomata when the tissues are mixed, both connective and muscular tissue composing the growth. They are divided according to location into submucous, when protruding into the uterine cavity; interstitial, when they are wholly within the uterine wall; and subperitoneal when they project into the peritoneal cavity. The soft or myomatous tumors grow more rapidly than the other varieties, but, fortunately, they and the fibro-myomata yield more readily to treatment. The submucous tumors tend to become pedunculated and enucleated from the uterine wall, and from their presence in the uterus cause contractions of that organ, which expels them into the vagina, when they are easily removed. This may be explanatory of the cures that are reported to have been made by Christian scientists and those practicing the faith cure. Before they become very large they cause so much inconvenience that they are easily detected.

Not so with the interstitial tumors; they may grow to a large size before they are recognized. They are more amenable to treatment, but grow to a larger size than the other varieties. The tendency of some of the tumors, when under treatment for symptoms pertaining to them, is to become enucleated, projecting either into the uterine or peritoneal cavity. If in the uterine cavity, and the sur-

rounding tissue breaks down, they are liberated from their capsule and are readily removed through the os uteri and vagina.

Subperitoneal growths do not become very large. They are less liable to be influenced by strictly non-surgical methods than the other varieties. Exceptionally they do grow to considerable size, when they cause serious inconvenience, and this would warrant the risk of their removal. After this brief description, the question that concerns us most this evening is, When is interference demanded, and what treatment is indicated?

From my acquaintance with the literature upon this subject, I think that most authors who are able to speak authoritatively agree that these growths should not be removed unless they produce symptoms sufficient to warrant the risk of their removal. That this risk is still considerable, even in the hands of expert operators, is shown by the large mortality rate. Besides we must not forget the mutilation attending thereto. Such being the case, and if we have a remedy that will relieve the symptoms of a large majority of these cases, any cause for operative interference is confined to a very small field. Some ultra gynecologist would have you believe that the time to operate is when these growths are small. But I cannot agree with them, as these growths very seldom cause inconvenience or death unless they become large; and, more particularly, because this is the time that we get the greatest results from the treatment with electricity. I would not contend that all such cases are suitable for electricity, yet I do think that it would be best to submit all such cases to this plan of treatment, even if they cause no inconvenience, before we attempt to do anything else. From my experience with the treatment of fibroids, I have arrived at the conclusion that there are very few cases that are not amenable to the electrical treatment. All fibroids do not grow alike and do not cause the same amount of inconvenience. Therefore they should not be treated alike. Yet some employ the same method for all, and failures are the result. I would no more think of treating all cases by ergot and electricity than I would submit all cases to hysterectomy.

The general disposition is for all specialists to become extremists. Conservatism shows usually careful investigation. Palliative measures should always precede radical operative interference unless some good reason exist for the latter. I have chosen to take up separately the indications for the different methods employed at the present time, commencing with :

I.—WHEN IS ELECTRICITY INDICATED?

In cases of small or moderate size tumors; in interstitial tumors of any size, when discovered, no matter if they give rise to no inconvenience, for the chances are that they will do so. Besides, they are more easily influenced by this agent when they are small and of recent growth. Some of the changes to be expected anatomically are: 1. Diminution in volume, frequent, not constant, and variable in extent. 2. Total disappearance, though rare, is sometimes observed. 3. The arrest of development is the rule. 4. Absorbing adhesions between contiguous peritoneal surfaces, making tumor more movable. If we were more careful with our measurements, I think we would often note more changes. There are three ways of making measurements—palpation, external measurements, and hysterometry. There is a tendency during electrical treatment to an increase of adipose tissue in the abdominal parietes, and what appears by palpation and measurements to be no decrease of size, is simply due to an increase of adipose tissue. We are also deceived by hysterometry, as there may be a decided diminution in the tumor and yet no decrease in size of the cavity of the uterus.

The symptomatic results are: 1. Cure of symptoms depending upon an existing endometritis. 2. Relief of pain and pressure upon certain organs or nerve trunks, thus relieving vesical trouble, constipation, etc. 3. Control of hæmorrhage. 4. Arousing the vitality and repairing the forces, so that in large tumors if much retrogression is not accomplished, it builds up the general strength so that she is better able to tolerate an operation for complete removal. 5. As a means of expediting the climateric change and correcting any menstrual trouble, amenorrhœa, dysmenorrhœa, etc., I think I can honestly say, with no fear of contradiction or exaggeration, that more is accomplished with electricity, than with any other therapeutic agent. These results are obtained and established clinically, no matter how they may be regarded by those who regret everything contrary to their own opinion and cannot endure and try to discourage any progress that is accomplished apart from themselves."

There are two methods of accomplishing these results. The intra-uterine applications and electro-puncture. I believe much more could be accomplished by electricity in the way of reducing the size of the tumor, if vaginal electro-puncture were employed more frequently. It is a perfectly safe procedure, providing strict antiseptic methods are employed, or even as much so as we would use in any other surgical operation. With this method we get the full polar action upon the growth.

This opinion seems wise, when we consider that warts and moles are only removed by puncture, no impression being made by any outward application of the current. But we must not discard the intra-uterine applications, as with this method, we can generally cure symptomatically, even if we cannot reduce the size of the tumor. The electro-puncture should be employed in these cases after uterine applications have exhausted their usefulness or in others when intra-uterine treatment cannot be used on account of the inability to introduce an electrode into the uterine cavity. It is important to discriminate in the choice of the pole to be used in treating these structures. The positive being used for soft or myomatous and the negative for the hard or fibrous.

In subperitoneal growths, we are not able as far as reduction is concerned, to accomplish much by intra-uterine applications. Only when they are suitable for electro-puncture, can we hope to benefit them by electrical treatment. In submucous fibroids, it is indicated, when used in aiding them to become more thoroughly enucleated from the uterine wall. But not afterward, as this would cause too rapid neurosis and if there was not sufficient drainage, septic infection and death. After the removal of pedunculated submucous growths, it is useful to reduce the size of the organ and insure control of the hæmorrhage. Some surgeons would have you believe that the use of electricity causes complications, which render the operation, if it becomes necessary, more difficult. Nothing could be farther from the truth than this. We all know that any inflammatory process in the pelvis, will be followed by some effused lymph, which may form adhesions, and as most tumors are complicated by adhesions, an objection to electro-therapeutics based on this ground, will not hold. Much oftener do we find that the adhesions have been absorbed and the tumors thereby become more movable; thus rather augmenting than obstructing the operation. All cases that I have seen operated upon after the employment of electricity were made easier by the treatment. Besides the changes anatomically—the tonic effect of the current is always an important factor in the ability of the patient to survive the operation.

The cause of failure may be due to the operator, the patient or the nature of the growth. Surgery is handicapped with incompetent practitioners, just as our specialty is, and it is not one whit more logical to lay all miserable failures and mistakes of such as these, at the door of honest surgery, than it is for surgeons to conjure up all sorts and conditions of doubts, and to hold the responsible intelligences among electro-therapeutists responsible for engendering them.

Another argument which I have heard against this method, is, that the effects are not permanent; that after a time, the symptoms, pain, hæmorrhage, etc., return. I am glad to say, such things have not occurred in my experience. If they do occur, it is the fault of the manner of treatment or a later diseased condition and therefore unavoidable.

II.—WHEN IS CURRETTEMENT INDICATED?

In cases of excessive hæmorrhage, where from some cause electricity does not act promptly. This may be from the os uteri not being dilated sufficiently to allow of a large size electrode being employed. Thus, not being able to thoroughly cauterize the pouches or cavities that may exist, or the canal may be tortuous and all parts cannot be reached. By using an anæsthetic and dilating the mouth of the uterus for proper curretage, we are often aided in our diagnosis, finding out better the nature and location of the growth, and making the condition more favorable for further electrical treatment, whereby the diseased mucous membrane may be destroyed. The curettement though it does sometimes act promptly in controlling hæmorrhage, does not have a permanent effect. The diseased membrane is reproduced. It being unlike electricity in its action, for if you reach all the surface with the electrode and thoroughly cauterize it, the result is lasting. Curettement is then more of an aid to electricity, than a curative agent itself. In interstitial or cupric electrolysis, we have a remedy which should never fail to control hæmorrhage, for besides the astringent salt which is liberated within the uterine cavity, we have also all the cataphoric action of the current, which carries this salt into the tissues for considerable depth. Another reason why curettement sometimes fails to control hæmorrhage, is because the tumor may get its blood supply from adhesions to adjacent viscera. Dr. Martin, of Chicago has suggested ligation of the uterine arteries per vaginam, as a means to control hæmorrhage when these methods fail.

Some of our remedies do have a marked palliative effect in controlling hæmorrhage in some of these cases. Ergot is useful in causing contractions of the uterus, and thus aiding the expulsion of tumors from the uterus after becoming pedunculated. I have been disappointed in hydrastis, notwithstanding the report of its efficacy in hæmorrhage.

III.—WHEN IS HYSTERECTOMY INDICATED?

In large tumors of the interstitial type, when electricity has been

employed and failed to reduce the size sufficient to give relief to the patient. Sometimes these large tumors have been cured symptomatically, but yet the size of the tumor is so great and makes the life of the patient so unendurable, even causing melancholia, that it is better to remove them. In tumors with uncontrolled hæmorrhagic tendency, or where there is a hæmorrhagic diathesis, the only relief would be by hysterectomy. But I am glad to say that I have never had any tumors in which I could not control the hæmorrhage with currettement and electricity. Subperitoneal tumors, whenever found, if they cause considerable inconvenience or cannot be reached by puncture, or multinodular tumors which have become so after treatment. In tumors associated with suppurating tubes or any serious disease of the appendages, hysterectomy is the remedy. Because by this condition we are deterred from employing the electrical treatment; the strength of current sufficient to have any appreciable effect upon the tumor cannot be endured. Thus, it affords us means by which we can diagnose such conditions. Although I was very fortunate in my early experience in relieving a patient of severe hæmorrhages, which occurred from a small fibro-cystic tumor, nevertheless, these cases are regarded as non-suitable for electrical treatment. In soft œdematous tumors with profuse watery discharge and fibro-cystic growths, all we can hope to do with electrical treatment is to remove some of the severer symptoms, such as hæmorrhage, pain, and build up the strength of the patient, so that she becomes able to undergo an operation for the complete removal of the growth. We all know that there are a large number of a certain class of cases which come to eminent surgeons which never come to those of lesser prominence or to we who practice electro-therapeutics. So it is not much wonder that surgeons arise in their wrath when others who know little or nothing of such aggravated forms of disease dispute the necessity of operating.

IV.—WHEN IS REMOVAL OF THE APPENDAGES INDICATED?

In some diseased condition of the appendages, and also in those cases where, after opening the abdomen, it is found impossible to remove the tumor. The removal of ovaries has so little effect upon the arrest of the growths and the control of hæmorrhage in these cases that as a means of relief or cure it has been discarded by most operators. In very few cases is it sufficient to bring about an early menopause, the hæmorrhage being sometimes more profuse than before and in most favorable cases, menstruation lasts for years. But even if it did bring on a complete forced menopause, all fibroids do

not cease growing after that period; some grow very rapidly, and what seem benign growths at first rapidly take on a malignant character after the climateric. Many times have I been called upon to stop the hæmorrhages occurring after removal of ovaries. The risk is not so much greater to remove the whole growth than to remove the appendages, and whenever the abdomen is open, hysterectomy should be performed whenever possible. While I think, under most circumstances, every patient would be better without the tumor, and whenever nothing else can be done she should submit to the risk as a chance to save her life, yet when we take into consideration that these growths very seldom cause death, except from hæmorrhage, and that it can generally be controlled, we should carefully weigh in the balance the risk and mutilation which it causes with the inconvenience of the pressure. I know there are some present that will probably not agree with me in all that I said, but I have tried not to be one-sided in my opinion and have viewed the subject, I hope, in an impartial light. From my experience with electricity I have unbounded faith, and no one can destroy that faith. Seeing is believing. There are great depths of unfound mysteries of cure to be discovered and unearthed, and, like the first discovery of gold, we have just found a few bright nuggets of knowledge, in this wonderful force of matter.

THE MENTAL DISTURBANCES OF URÆMIA.—Dr. E. Toulouse, of the Yon Asylum, Paris, has recently made an interesting study of these complications of renal affections. He claims that mental disturbances very frequently complicate urinary affections. They may be either symptomatic of functional disturbance, anuria, or organic disease, nephritis, obstacles to its discharge, calculi or tumors, or be due to absorption from the tissues. In all these conditions there is a similarity when dependent directly upon absorption of toxic agents into the circulation. There is usually diffuse delirium, with mental confusion and hallucinations, especially of accompanying signs of renal insufficiency, œdema, modifications in both the quantity and quality of the urine, hypertrophy of the heart, a gallop murmur, which render diagnosis easy. The psychic manifestations vary much, according to the individual. The toxicity of the urine furnishes characteristic signs; for when this is reduced, uræmia is to be feared.—*Gazette des Hôpitaux*, No. 70, 1894.

DIAGNOSIS OF TUMORS OF THE PYLORUS.—Dr. Th. Rosenheim, of Prof. Senator's clinic in Berlin, in an article on this subject, presents the following diagnostic points:

1. Dilatation of the stomach, with stagnation and fermentation of the stomachic contents, though the growth may not be at the pylorus itself, by reflex stimulation it causes a contraction of the sphincter and hindrance to the passage of food. Palpation of the previously distended stomach will disclose a tumor to the right and somewhat downwards though it may also be found in the upper portion of the abdomen, according to the degree of dislocation of the organ.

2. The tumor frequently becomes adherent to the liver, and therefore presents very limited mobility and ascends and descends with the liver in expiration and inspiration.

3. The presence of lactic acid in the contents of the stomach, Uffelmann's test.—*Deutsche Medicinische Wochenschrift*, No. 30, 1894.

OBITUARY.

IN MEMORIAM.

DIED at his residence in Philadelphia August 19, 1894, James Kitchen, M.D., of old age and debility in his ninety-fifth year.

Thus has passed from among us the oldest, one of the best known, and one of the most interesting members of the medical profession in Philadelphia, one whose life ran parallel with the century and whose great intelligence and wonderful memory made him familiar with every important event, and with every advance in discovery and science made during this most eventful century in the world's history.

Dr. James Kitchen was born in Philadelphia March 8, 1800. He was of Welsh descent. His paternal grandfather, James Kitchen, moved from Wales to England about 1750; here he married and had two children. The oldest died in infancy; the second, James, born in Huntington, England, August 26, 1769, was the father of the doctor and migrated to the United States in 1790 landing at Baltimore and settling in Philadelphia where he engaged in mercantile pursuits. In 1797 he married Elizabeth Dinsmore who was born in England and died in Philadelphia, July 7, 1808. By this marriage James Kitchen had seven children; four died in infancy. The eldest, Henry Nicols, was born June 12, 1798. He engaged in business with his father and died in 1833 leaving a wife and one child, both since deceased. James, the subject of this sketch, was born, as stated above, March 8, 1800. Elizabeth Dinsmore Kitchen was born August 25, 1805. She spent her life in the family of Dr. Kitchen and died unmarried, February 14, 1892, *æt.* 87.

James Kitchen, Sr., married for his second wife Phebe Bollen, December 14, 1809. She was born in Pennington, N. J., June 29, 1774. She survived her husband, and died in the family of the doctor April 9, 1845, *æt.* 71. By this second marriage there were three children, Phebe, born September 30, 1810, who married Frederick Scofield and died May 17, 1887, *æt.* 77; Debora, born in 1813 and died in infancy; William Kirkham, the youngest, was born February 5, 1815. He lived some years in the South but finally settled in New York city and was for many years president of the Park Bank. He married and had seven children six of whom are

at the present time living (September, 1894). He died September 21, 1876.

James Kitchen, Sr., died July 27, 1828, æt. 59, at his home, 29 Spruce Street. His youngest daughter, Phebe, married Frederick Scofield, March 8, 1838, and spent nearly the whole of her married life in the doctor's family. They had three children, James K. Scovil, born March 6, 1839, and died unmarried November 26, 1893, Mariah S., born December 30, 1840, and Frederick, born September 28, 1842, and died August 2, 1862, unmarried.

In 1863 Mariah S. Scofield married John H. Cowell and a large portion of her married as well as early life, has been spent in the doctor's family. All but one of her six children were born under his roof, and here was their home at the time of the doctor's death.

While Dr. Kitchen never married it appears that from the time of the death of his father in 1828, he always had a large family looking to him for a home and for the advice and much of the assistance of a parent, and no family ever received kinder attention or more unselfish devotion from a natural parent than was bestowed upon the sisters, nephews, nieces and grandnephews and nieces of Dr. Kitchen for the long period of sixty-six years. Neither was this remarkable devotion unappreciated, and no patriarch of old was ever surrounded by a more faithful family or was looked up to with more reverence, or his death more sincerely mourned than was "Uncle Doctor" Kitchen.

Dr. Kitchen's early education was commenced in a private school kept by a Mr. Robinson. Later he prepared for college at a boarding-school in Newtown, Pa., kept by a Mr. Porter. Here he made the acquaintance and formed an intimacy with the late Dr. Wm. S. Helmuth which continued unbroken up to the latter's death.

Entering the literary department of the University of Pennsylvania in 1817 he received his degree of A.B. in 1819; entering the medical department immediately after, under the preceptorship of Prof. Thomas A. Hewson, he graduated from the same in 1822.

Soon after his graduation Dr. Kitchen went abroad spending two years in travel and the further pursuit of his profession in England, Scotland, Holland and France. In Paris he listened to Lænnec in his demonstrations of the use of the stethoscope just invented by him; "walked the wards" of the hospital with Dupuytren who made his visits before breakfast in his dressing-gown and slippers, and attended the lectures of Napoleon's great army surgeon, Larrey, Broussais and other medical lights of that day.

Returning to Philadelphia in 1824, Dr. Kitchen soon after opened an office at 37 Spruce Street, near Second, next door to his father's house. The first year of practice gave him but forty dollars receipts; the second year it was increased to eighty. Probably, however, very close attention was not given to practice. During his last illness he related to the writer, with great particularity, an account of a visit to Washington made, with a friend, the year he commenced practice—in 1824. Lafayette visited this country that year, and was in Washington at that time. Wishing to visit Mt. Vernon, Dr. Kitchen and his friend drove down early one morning. It so happened that Lafayette, with several members of the cabinet, visited the place the same day. Reaching Mt. Vernon in advance of the distinguished visitors, after looking over the buildings, Kitchen and his friend repaired to the tomb of Washington. While there they saw the company approaching. Not wishing to obtrude themselves, they retired to a spot where, unobserved, they could still plainly see the tomb. As Lafayette looked upon the sarcophagus containing the remains of his old friend, he apparently became much affected, burying his face in his handkerchief. Noticing his deep emotion, his companions withdrew a short distance, leaving him alone to his memories of his old chief, and their intimate and friendly relations in the times that "tried men's souls."

Finding little encouragement for professional business in Philadelphia up to this time, and learning of what he considered as a good opening in New Orleans, in the summer of 1828 Dr. Kitchen made up his mind to accept an offer made him, and remove to that city. His trunks were packed and the day fixed for his departure, when his father was suddenly taken sick, and, after a brief illness, died. Before his death he received a promise from his son that he would remain in Philadelphia and care for his mother and sisters. The trunks were at once unpacked, and the doctor opened an office in his father's house, assuming the responsibility of the head of a family.

From this time his business and influence rapidly increased. He was placed in charge of the lazaretto or quarantine station in 1831, and served as port physician from 1832 to 1836.

About this time homœopathy, which had been introduced into this country a few years before, began to be much talked about, and first particularly attracted the attention of Dr. Kitchen in 1836. Suffering from a liver trouble, for which old-school treatment did him no good, he was induced to try homœopathic remedies. Find-

ing relief from the use of these, he was led to institute a series of experiments with his patients, the result of which gave him such confidence in the new system as to induce him, in 1839, after fifteen years' practice of allopathy, to formally join the homœopaths, the ranks of which were recruited about the same time by the addition of Drs. Jacob Jeanes, Walter Williamson, Samuel Freedley, Wm. S. Helmuth and Charles Neidhard, all of whom, with the exception of the latter, have since passed to a higher life.

In 1853 Dr. Kitchen moved from 39 Spruce Street, where he had lived for twenty-four years, to the large double house, 715 Spruce Street, which he at that time purchased, and which was his home for forty years or until the time of his death. This house, at the time of its erection, in 1828-29, was considered one of the best built and finest houses in Philadelphia. It was built by Whitton Evans, an importing merchant, who had several sailing vessels trading at Canton China, and other East Indian ports. Evans lived in the adjoining house on the east. For two years the lumber was piled on the lot for thorough seasoning, and two years were required for its completion. Evans never occupied the house, however, becoming insane and spending several years in an asylum before his death. The house was, later, owned and occupied by Nicholas Biddle, the renowned financier and president of the United States Bank, and here were held many famous receptions given to the prominent men of the country and attended by the *élite* of Philadelphia—its wide halls and spacious parlors specially fitting the house for such purposes.

Dr. Kitchen was a ready writer, and contributed liberally to the literature of the profession. As early as 1828, he translated from the French Bouillard's *Treatise on Rheumatism*, and, in 1841, Jahr's *Homœopathic Pharmacy*, in the Introduction to which he gives his reasons for having embraced homœopathy.

The following papers were contributed to the medical journals :

"Opinions of the Leading French Homœopaths on our Art and Science." Kirby's *Am. Jl. Hom.*, vol. ii., p. 3.

"A Sarcomato-Fungous Polypus of the Right Nasal Fossa." Kirby's *Am. Jl. Hom.*, vol. iii., p. 103.

"The High Dilutions." Kirby's *Jl. of Hom.*, vol. viii., p. 139.

"Homœopathic Therapeutics," from Dr. Biegel, "Pregnancy," etc. *Hom. Exam.*, June, 1841.

"Amenorrhœa." *Ibid.*, Sept., 1841.

"Pneumonia." *Examiner*, Jan., 1842.

"Inflammation of Liver." *Exam.*, vol. iii., p. 116, 1842.

"Inflammation of Brain." *Exam.*, vol. iii., p. 175.

"Translation on Gonorrhœa, from Croserio." *Hom. Exam.*, vol. ii., p. 175.

"Two Cases of Angina Membranacea in which Bich. of Potash was Used." *Hom. Exam.*, vol. ii., p. 183.

- "Translation from Croserio on Copper Poisoning." *Hom. Exam.*, vol. ii., p. 185.
 "Translation from Croserio, Calc. Carb." *Hom. Exam.*, vol. ii., p. 245 (new series).
 "Opinion of the Leading French Homœopathists on our Art and Science." (Translation.) *Hom. Exam.*, vol. ii., p. 299.
 "Letter Concerning the Cholera in Philadelphia, in 1849." *Quar. Hom. Jl.* (Boston), vol. ii., p. 440.
 "Some Notes on Iris Versicolor." *N. A. J. Hom.*, vol. i., p. 461.
 "Unilateral Action of Viola Odorata." *Phila. Jl. Hom.*, vol. i., p. 49.
 "Is Consumption Curable?" *Phila. Jl. Hom.*, vol. i., p. 202.
 "Ergot and the Forceps." *Phila. Jl. Hom.*, vol. i., p. 357.
 "Phosphorus" *Phila. Jl. Hom.*, vol. i., p. 486.
 "Dysentery." *Phila. Jl. Hom.*, vol. ii., p. 87.
 "The High Dilutions." *Phila. Jl. Hom.*, vol. ii., p. 567.
 "Paris Quad. in Spasm." *Med. Investigator*, vol. viii., 190.
 "Iris Versicolor." *Am. Hom. Observer*, vol. i., p. 92.
 "Fæcal Impaction Mistaken for Ovarian Tumor." *Hahn. Monthly*, vol. xix., p. 102.
 "Guaiaco." *Hahn. Monthly*, vol. xix., p. 705.
 "Unusual Manifestations of Malaria." *Hahn. Monthly*, vol. xix., p. 624.
 "Body and Mind." *Hahn. Monthly*, vol. xx., p. 37.
 "Evidence Bearing on the Non-Contagious Nature of Yellow Fever." *Hahn. Monthly*, vol. xx., p. 538.
 "Ulceration about Ankle Joint during Scarlet Fever." *Hahn. Monthly*, vol. xx., p. 285.
 "Cholera Epidemic in Philadelphia." *Hahn. Monthly*, vol. xxi., p. 670.
 "Observations on Scarlet, Intermittent, and Typhoid Fevers." *Hahn. Monthly*, vol. xxi., p. 39.
 "Ammonium Bromidum, Antipyrin." *Hahn. Monthly*, vol. xxii., p. 668.
 "Apis Mellifica." *Hahn. Monthly*, vol. xxiii., p. 205.
 "Note on the Use of Absinthe." *Hahn. Monthly*, vol. xxiv., p. 579.
 "Case of Mania." *Am. Jl. Hom. Mat. Med.*, vol. ii., p. 237.
 "Case of Whooping Cough." *Am. Jl. Hom. Mat. Med.*, vol. iii., p. 41.
 "Note on Carbolic Acid." *Am. Jl. Hom. Mat. Med.*, vol. iv., p. 20.
 "Note on Paris Quad." *Am. Jl. Hom. Mat. Med.*, vol. iv., p. 44.
 "Intermittent Neuralgia." *Am. Jl. Hom. Mat. Med.*, vol. v., p. 20.
 "Vomiting of Pregnancy." *Am. Jl. Hom. Mat. Med.*, vol. v., p. 64.
 "Cholera Morbus." *Am. Jl. Hom. Mat. Med.*, vol. v., p. 97.
 "Ossification of Veins." *Am. Jl. Hom. Mat. Med.*, vol. v., p. 143.
 "Carbolic Acid in Scarlet Fever." *Am. Jl. Hom. Mat. Med.*, vol. v. p. 413.
 "Kali Bich." *Am. Jl. Hom. Mat. Med.*, vol. vi., p. 118.

Dr. Kitchen took an active part in the organization of the Homœopathic Medical College of Pennsylvania. In the early meetings for discussing the subject, he took grounds against the project, thinking the movement was premature. He waived his objections finally, however, and his name appears as one of the original corporators in the act of incorporation, March, 1848. On October 9, 1848, he was appointed to draft a diploma for the college in the English language. In 1862, he was appointed Corresponding Secretary of the Board of Managers. In 1852, he was appointed Professor of Clinical Medicine for the new hospital about to be opened at Twenty-fourth and Chestnut Streets, next the present Baltimore and Ohio depot, but as, from lack of sufficient support, the hospital never came into successful operation, he never served in that capacity. The same year, Drs. Kitchen and Wm. S. Helmuth were appointed editors of the *Philadelphia Journal of Homœopathy*.

While Dr. Kitchen might be said to have had an iron constitution, still he suffered many severe attacks of illness. During the cholera epidemic of 1832 he contracted that disease and claimed he was saved only by a bowl of hot gruel and the careful nursing of his mother, who was then living.

In 1847, he contracted ship fever from a patient, from which he narrowly escaped death. Over twenty years ago, finding that walking agreed with him better than riding, he disposed of his horse and carriage, afterwards visiting his patients on foot, using the horse cars only in bad weather and for long distances. In 1877 he had a severe attack of malarial fever. From the time of this illness he gave up all night work, but continued still to do a large business. In 1891, he had an attack of grippe, which so broke him down that he never after recovered his former strength. In the summer of 1892 he had a peculiar attack not unlike yellow fever. After this he seldom left the house, yet continued to prescribe in his office. In July of 1893 he took to his chamber, which he never again left, and for six months previous to his death kept his bed, looking and longing for death.

It was for many years Dr. Kitchen's custom to take a few weeks' vacation each summer at the seashore or other summer resort. About 1830, before railroads had appeared, he made a trip on the canals of Pennsylvania and the Erie canal of New York, the packet boats for passengers offering what was thought at that time sumptuous accommodations for travel. The rate of speed was such that passengers would occasionally go ashore and stretch their legs by a brisk walk of a mile or two. The doctor used to relate with much gusto of a grumbling, disagreeable passenger on this trip who, while taking his exercise alone on the towpath, by a sudden urging of the horses into a brisk trot, was purposely left behind to make his way home as best he could. Since 1882 he has never taken a summer vacation, feeling that he was better off at home.

Up to within a few weeks of his death Dr. Kitchen's mind and memory retained their full vigor and clearness, and it was in the last year of his life that much of the material for this sketch was obtained.

Brought up in the fold of the Episcopal Church, Dr. Kitchen was confirmed at the age of twelve by Bishop White, an old friend of the family. He was never much of a churchman, however, and never took the communion but once after, and that was in the room of his oldest sister at the time of her last illness in 1892. In the forms and rites of the church he took little interest, while for all religious

cant or hypocrisy he held the greatest contempt. Yet, if the essence of religion consists in purity of life, charity and love for our fellow men; in the observance of the golden rule, and in a hope of immortality, then Dr. Kitchen was still a religious man. His funeral, as was his request, was without public invitation, and his remains were placed in the family vault at the Church of St. Andrew's, on Eighth Street.

It is not easy to appreciate what is implied in such a life as that of Dr. Kitchen's. His ninety-five years enabled his memory to carry him back to a time when there was neither railroads or steamboats in the whole world. He saw the population of this country increase from a little over five millions in 1800—less than the population of the State of New York to-day—to over sixty-five millions at the present time. At the time of his birth the population of Philadelphia was but 70,000, and, while the city extended two or three miles along the river front, it scarcely reached from the Delaware to Ninth Street. There was no permanent bridge over the Schuylkill. Cultivated farms bounded the city at Vine Street on the north, Broad Street on the west and South Street on the south. He was thirty-three years old when it was first proposed to introduce gas for lighting the city, and with Horace Binney, Jacob Ridgway, David Paul Brown, Dr. Physic and some twelve hundred others he signed the remonstrance to councils against its introduction, under the belief that it would poison both the air and water, destroying the fish in the river and expose the whole city to danger of destruction from fire and explosion of gas.

Dr. Kitchen was an omnivorous reader, keeping posted in the literature of the profession, informing himself on all questions of politics, history, political economy, etc., while in all matters of local interest, including history of institutions, personal biography, etc., his wonderful memory made him an ever available cyclopædia of information. He took a lively interest in all new developments of science, and early accepted the doctrines of evolution as best explaining the difficult problems of the organic world. On the occasion of a visit made the doctor but a few months before his death, as I entered his room he said, "Doctor, I am glad to see you; I want to ask you about the intercostal veins in man. Have they valves or not?" When told that occasionally they were present but generally absent, he said, "Well, I was just thinking that if man had descended from an animal that went on all fours, and in which valves must have been present in those veins, he also, at one time, must have had the

same ; but as organs from lack of use become atrophied and lost, we could scarcely expect to find them in men of to-day." He appeared interested in learning that the facts of the case appeared to support his theory.

Dr. Kitchen wore the professional harness for seventy long years, and for at least fifty years of that time had a large and lucrative practice. His success as a practitioner might be attributed : First, to his promptness and accuracy in diagnosis. With almost intuitive insight he would grasp the nature of a case, and seldom had occasion to change his diagnosis. Secondly, to his untiring faithfulness in his attention to his cases, and his thorough honesty with his patients. Never magnifying slight ailments that he might make capital from the recovery, nor failing to acquaint the patient or his friends with the true character and full danger in all serious cases, he thus won the fullest confidence of his patients, and in some cases of his early families he continued to treat the children, grandchildren, and even great-grandchildren, thus carrying his professional services into four generations. His relations with his brethren in the profession was always of the most friendly character. He was remarkably prompt in his consultation and other engagements, considerate of the claims of others, and totally devoid of that jealousy with which some are disposed to look upon all associates as rivals. And when, as he became advanced in years and found patients or families passing into the hands of others, it never in the least degree served to interrupt the feeling of good will felt towards all his medical brethren. Few have been more truly loved or more deeply mourned by friends and patients, and none have more richly deserved such evidences of appreciation.

Such in brief was Dr. Kitchen ; one of nature's true noblemen. A man without guile, modest, open-hearted, truly honest, faithful to every trust, and with a sympathy that reached to every case of suffering and distress ; one whose life was worthy of emulation by us all, and whose memory we might delight to perpetuate. A. R. T.

BLINDING HEADACHES.—Blindness, accompanying or as a precursor of headache, is found under several drugs. *Gelsemium* has it quite marked. *Kali bich.* has the peculiar symptom of blindness preceding headache, but, as the headache grows worse, the blindness disappears. *Crocuticum* has blindness, with headache differing from *kali bich.* in that the blindness does not diminish as the headache increases. The blindness of *silicea* comes on after the headache. There are some others, *natrum mur.*, *iris vers.*, and *psorinum*, having blinding headaches. These six drugs will most often be indicated in blinding headaches.—*Med. Century.*

EDITORIAL.

ANTI-CHOLERAIC VACCINATION.

THE general trend of medical activity being in the line of prophylaxis—prevention being surer, hence better than cure—it is not to be wondered at that one of the leading problems to exercise the minds of medical scientists should be the preparation of vaccines against infectious diseases.

By Pasteur's remarkable discovery of vaccines against chicken cholera and anthrax, a mighty impulse was given to the subject, and in his laboratory has been discovered by Prof. Haffkine a vaccine against cholera. "He found a means of engrafting on animals the cholera microbe, and cultivating it indefinitely on such animals. This gave him his vaccine. At the same time he was able so to increase his microbes that they produced with certainty a specific infectious disease in animals, against which his vaccine was able to protect them."

For cholera inoculation there are two vaccines, one mild and the other strong. For a complete vaccination, it is necessary to inoculate twice—first, with the mild vaccine, and then, after a period of five days, with the second or stronger vaccine. Each vaccination produces a general feeling of discomfort and fever for about one day, usually, however, milder and shorter than that following vaccination against small-pox. Its harmlessness was also amply proved.

The English government, through the Secretary of State for India, granted Prof. Haffkine facilities for visiting every part of India for the purpose of testing the nature of his discovery. From an interesting "Memorandum on Cholera, and Prof. Haffkine's Anti-Choleraic Vaccination," presented to the Commission of the Municipality of Calcutta by their Medical Officer of Health, Dr. W. J. Simpson, May 14, 1894, we learn that up to that time he had vaccinated 25,000 persons, belonging to all classes, and without the occurrence of a single mishap as a result.

This absolute harmlessness of the procedure is an important point to be noted in view of the disastrous consequences of various other inoculations suggested.

In some of the localities where the proportion of inoculations was larger than in others, certain interesting facts are brought out. In

a certain locality containing 200 persons, grouped about two tanks, 116 were inoculated. All the ten cases of cholera, with seven deaths, occurred among the non-inoculated portion.

Various other facts are recorded going to prove the efficacy of this inoculation. In a series of instances amongst families, varying in number from eight to sixteen, where all were living under the same conditions, and where all were exposed to the same danger, only those were attacked who had not been inoculated. In other instances, inoculation seemed to have arrested the progress of cholera when it had already appeared in a house.

Although the numbers are, as yet, too small to enable us positively to assert that the hoped-for discovery has been made, yet they are sufficiently conclusive to warrant the hope that it is not far off.

PREPARATORY EDUCATION.

MUCH of the difficulty that attends the arrangement of the medical curriculum would be obviated if the principle could be universally established that it should contain only strictly medical subjects. There are a number of branches of study now included which may very properly be regarded as belonging to a course of preparatory study. Were these to be dropped from the list, much would be gained.

The history of medical education easily explains their appearance in the curriculum of medical colleges, and the present development of a desire for higher medical education should cause their disappearance. We see an untimely recurrence to past types in the announcements of several colleges that the study of Latin will be included in the first year. Can anything be more absurd? Just as well could orthography be included. Heaven knows, the absence of a knowledge of this often becomes painfully evident even at the end of the third year. If the necessities of the students are alone to be regarded, some arithmetic and a taste of grammar would not be out of place.

But a medical college should be for the sole purpose of providing instruction in medicine. Let something of the specialization of the present day hold here too.

The ideal medical college would afford the best medical instruction possible, quite irrespective of the wants of students. The col-

lege should be a law unto itself, and the instruction emanating from it should be in accordance with its own ideals of what is right and proper, and not with what are supposed to be the necessities of its prospective students. This could only be attempted in an institution richly endowed and entirely independent of any support from without. But such an institution would at once be recognized as a power in the land, and its regular courses would soon wipe out of existence all the post-graduate schools which the lack of this independent high ideal has, in a great measure, rendered necessary.

In the meanwhile, we think, it may very pertinently be asked, why the colleges should come down to the level of the incompetent student, and why an effort should not rather be made to elevate the intended student, by fitting preparatory education?

Here are several ways open to accomplish this result:

That way which is at present most general, and we think, least desirable, although probably necessary, is the establishing a standard, high or low, generally too low, of requirements for entrance upon the study of medicine, and compelling proof in a preliminary examination of having attained this.

The insufficiency of such an examination as a reliable test of a man's capability for undertaking the study of medicine is acknowledged by nearly all. It has in many cases degenerated into a farce, and yet it is hoped that the mischief resulting from its shortcomings may be corrected, during the years spent in college, by some unknown and manifestly impossible special dispensation.

A better way, and to our mind the best, is to have a school strictly preparatory to a course of medicine in direct, closest union with each medical college, entrance to which latter shall be conditioned solely upon the possession of a degree, or certificate of graduation from the former. Such an instrument would show not merely that sufficient preparatory knowledge was possessed by the student, but also that he had those mental qualifications which would fit him for the study of medicine proper. How often do we not find young men bright and studious in general, but utterly unable to cope with the difficulties of acquiring a *medical* education? We find this idea carried out in part in the *preparatory medical courses* in connection with several scientific schools, and in many universities. Where there is a real organic union between the school and the college, the curriculum of the former being particularly arranged with reference to that of the latter, the relationship is the ideal one, but where it is otherwise, the requirements of a preparatory training may not be fulfilled.

In our homœopathic profession, having no endowed colleges, and no scientific schools in which a preparatory course could be arranged to meet the needs of the colleges, some other means must be sought, whereby the same benefits may be obtained, until we find some public-spirited individuals wealthy and liberal enough to endow our colleges, or to establish preparatory scientific schools in connection with them, or at least with the oldest and best-established of them. We see a possibility of good suggested in the free scholarships offered "to one graduate each year of the colleges of Swarthmore, Haverford and Ursinus," by the Hahnemann Medical College of Philadelphia. We can see no reason why the next step should not be a friendly informal arrangement whereby in the curriculum of the scientific courses of the above colleges there should be a tacit recognition of the wants of the Hahnemann.

Drop from the medical courses physics, chemistry, botany, biology and zoology, and begin the real medical lectures to students who have graduated in these studies, and have had some mental discipline, and the four years now allotted will be amply sufficient to go over the ground thoroughly and scientifically, and in a manner that will prove much more satisfactory, both to students and professors, than the one at present prevailing.

THE STATE SOCIETY OF PENNSYLVANIA.

THE Thirtieth Annual Session of the Homœopathic Medical Society of the State of Pennsylvania, held in Philadelphia, September 18, 19 and 20, 1894, was a very successful one, being largely attended, and many interesting scientific papers were read and discussed to the profit of all. The wisdom of rotating the place of meeting of this society between Philadelphia and Pittsburgh is doubtful. It is always pleasant to go to Pennsylvania's western metropolis and Philadelphia should have the meeting every other year, but there is a large number of physicians in northeastern Pennsylvania who should take an active interest in the society, and it is time for Scranton to present an urgent invitation to come northeast.

CORRECTION.

Dr. Richard Hughes of Brighton, England, desires the following corrections made in his article on "Pathogenesis of Arsenic," appearing in the September, 1894, number of the *HAHNEMANNIAN*:

Page 551, line 6, for "while" read "what;" line 12, for "limitations" read "limitation;" line 15, for "mostly" read "vastly;" line 19, for "available" read "assailable;" line 29, for "arseniated" read "arseniuretted."

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D.,

FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

IS THE HEART OR STOMACH DISEASED?—Dr. Th. Hirsch states that cardiac disturbances due to digestion may be either paroxysmal or continuous. In the former case there is generally tachycardia with regular or intermittent palpitation; the stomach and abdomen are distended, with a sense of oppression; sometimes there is actual delirium cordis. The attack comes on during digestion and lasts from a short time to over half a day. The foods most prone to give rise to these seizures are fresh bread, heavy biscuit, vegetables, onions, cheese, hard-boiled eggs, new beer and wine, or even filling the stomach with liquid. In the chronic form there may be but arrhythmia of the heart's action without distress. The prognosis is not unfavorable, for the writer claims that he has not seen a neurosis of the heart produce an organic affection of this organ. Treatment must necessarily be directed towards the cause; heart stimulants are of no value. In the paroxysmal form, a rectal injection of one-half to one pint of cold water will yield good results. When there is atony of the stomach, much good may be expected from the prolonged use of the bicarbonate of soda, one to two teaspoonfuls, two hours after eating. The bowels should be kept open, and a regularity of all the functions of the body attempted. He recommends the fluid extract of cascara sagrada, in a dose of from twenty drops to a teaspoonful once a day, in the evening. For general nervousness, the bromides. The cardiac disturbance being a reflex neurosis, the history of the case is of the greatest importance in forming a decision. Though the symptoms may be very distressing and apparently threatening, there is no actual danger.—*Lo Sperimentale*, No. 12, 1894.

RHEUMATIC PERITYPHLITIS AND ITS TREATMENT.—Prof. I. Burney Yeo, though admitting that in the majority of cases perityphlitis is of infectious origin, claims that there may be a form of the disease due to rheumatism alone. Then the local peritonitis remains limited to this region, and it may remain unrecognized, to the great disadvantage of the patient; for treatment must necessarily vary. He goes on to relate the particulars of a case in point. A girl of 18 years, who had suffered from an attack of rheumatism four months before, was seized with violent burning pains in the ileo-cæcal region, which radiated into the loin of that side. Besides, there was constipation, vomiting of food, complete anorexia and vague pains in the arms and knees. The region of the cæcum and ascending colon was hot, tense, and so painful that palpation was impossible. No articular symptoms, but an intense anæmic murmur of the pulmonary orifice and a softer systolic one at the apex. Pulse 84: urine normal; temperature 39.3° C. A dose of castor oil lowered the temperature one degree, but it again went up to 40.5° C. the following day. Pulse 124 and the local pain increased. This state continued for three days, when suddenly the shoulder-, elbow- and wrist-joints were attacked with a rheumatic arthritis; the temperature went up again and the soufflé at the apex increased in severity. The salicylate of soda was given every three hours, and after the sixth dose the articular symptoms had disappeared completely, but the heart became weak and the pulse intermittent; the drug was discontinued, but the phenomena became aggravated. A collection of pus was feared around the appendix, but the coexisting articular symptoms and the rapid results with the salicylate led him to think the whole process rheumatic. With a renewal of the remedy the temperature fell and all the symptoms disappeared little by little; the murmur at the apex also vanished. With articular inflammation diagnosis would be easy, but otherwise it might be difficult. In this form all cold applications, opium internally and repeated purgations are contraindicated. A dose of castor oil at the beginning is of

service. Salol as an intestinal antiseptic is indicated. Rectal injections of warm water, to which a little bicarbonate of soda has been added, are useful.—*La Semaine Médicale*, No. 27, 1894.

[Dr. Haig, of London, confirms these views, and claims these cases to be far from rare. He has observed quite a number which he calls gouty perityphlitis or intestinal gout. The salicylate has also given him brilliant results. In a case of general chronic peritonitis treated for months by morphine (!) without success, this drug cured it completely in a few days. Haig even goes so far as to suppose that the majority of cases of perityphlitis are of gouty or rheumatic origin, and that fewer laparotomies would be done if this drug were given early in a good-sized dose.—*La Semaine Médicale*, No. 40, 1894. Dr. H. Lyman, of Chicago, has recently written a lengthy article on gastro-intestinal disturbances of rheumatic origin and their treatment.—Abstract in *La Semaine Médicale*, No. 34, 1894. The homœopathic school was aware of this long ago. Hence bryonia is regarded as of service in many of these cases.—Eds.]

EARLY DIAGNOSIS OF CANCER OF THE STOMACH.—Dr. P. Cohnheim discusses the diagnosis of carcinoma of the stomach, which now is regarded as impossible until a distinct tumor can be felt; then it is generally too late to attempt surgical relief. He calls attention to the value of a pronounced reaction with Uffelmann's reagent, from presence of lactic acid and fermentation of fatty substances. This, he holds, is due to absence of free hydrochloric acid and stagnation of the gastric contents. In chronic gastritis, hydrochloric acid is absent, but there is no impediment to evacuation of the stomach, and in dilatation of the stomach the acid is not absent. If, in a suspicious case, there is a stagnation of the stomachic contents, constant presence of lactic acid and absence of free hydrochloric acid, a carcinoma may be diagnosed. He cites a case in point where an early diagnosis of carcinoma was made and later confirmed. In ten cases of carcinoma, which he had observed during the past years, there was a constant absence of hydrochloric and a strong reaction to lactic acid, while this is lacking in six cases of gæstectasia and fourteen cases of gastritis, with absence of free hydrochloric acid. That some lactic acid might have been present in these cases he does not deny, though there was not enough to yield a distinct reaction.—*Hospitals-Tidende*, No. 23, 1894.

MORNING DIARRHŒA AND ITS TREATMENT.—Prof. Lauder Brunton, of London, states that there is a peculiar form of diarrhœa which only occurs in the morning and which is dependent upon a chronic congestion or irritation of the sigmoid flexure. If this congestion recur frequently it is liable to lead to a true state of inflammation with a termination in ulceration. In this form of diarrhœa the region of the sigmoid flexure is very sensitive to pressure, and on palpation the intestine is found to be contracted down to a thick and hard tube. The capital feature in treatment consists in prescribing liquid food for twelve to fifteen hours before the usual time of evacuation, *i.e.*, from five to seven in the evening. If the thirst be very intense the patient may be permitted to swallow a few drops of liquid. The quantity of beverages taken during the day should also be moderate. The irritability of the rectum may be quieted by subnitrate of bismuth and the bicarbonate of soda; in obstinate cases massage may be tried.—*La Semaine Médicale*, No. 36, 1894.

LINEARY ELECTROLYSIS IN URETHRAL STRICTURES.—Dr. J. A. Fort, of Paris, reports a case of urethral stricture situated fourteen centimetres from the meatus, admitting with difficulty a No. 3 bougie, and formed by a number of contracted points of two centimetres extent. He tried electrolysis with twelve cells, increasing the current to twenty-five milliamperes for forty seconds. No blood flowed in consequence. A No. 24 bougie could be passed immediately after the operation. Aseptic after-measures. No fever the next day. No dilatation after the electrolytic operation. Two years and a half after the operation the stricture has not retracted. The writer states that "electrolysis is an operation so innocent that it is to be preferred to a single attempt at dilatation."—*Archives d'Electricité Médicale*, No. 18, 1894. [This author has recently published a ponderous tome on his method of operating both urethral and œsophageal strictures by lineary electrolysis. He uses a peculiar instrument which applies the electrolytic current very much in the same manner as an urethrotome cuts, *i.e.*, upon a blunt knife-like electrode which is pressed against the stricture.—Eds.]

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D.

ABSORBABLE PLATES IN VISCERAL APPROXIMATION.—Magill describes the preparation of the decalcified bone and vegetable (turnip) plates, and recommends the latter. They can be instantly made from the raw turnip, are more pliable than bone, easier to preserve, and better brought together in making the anastomosis, slipping much less.

After enumerating the instruments needed for the operation, he describes the preparation of the patient and gives the technique of the operation. He then concludes as follows:

The superiority of visceral approximation with absorbable plates is clinically established when compared with the methods of suture, and should cause their rejection.

The rapidity of plate approximation makes a different operation of pylorotomy than when it was performed with sutures. Its possibilities are, therefore, much greater.

The successes of this operation by Senn's method, the different prognosis for the survivors, should push the surgeon to pylorotomy rather than to gastro-enterostomy.

The brilliant results of Senn's method have changed the indications for the treatment of visceral stenosis. The safety of operation is *assured*. The duty of the physician to give his patient the benefit of an operation becomes imperative. The family doctor is responsible for the delivery of the case to the surgeon in such time that the patient's condition be good enough to strike out of subsequent statistics all deaths from "shock" and "marasmus," that the mortality of visceral approximation for cancer may be reduced to zero.—*Annals of Surgery*.

AMPUTATIONS BY NEUDÖRFER'S METHOD.—Meisenbach describes the technique as follows:

Having determined the point at which the bone is to be divided, an incision is made with a strong knife, extending downward, in the long axis of the limb, through the soft parts and periosteum. The incision should be made on the side of the limb where the bone is most superficial, and where the large vessels and nerves are avoided. With large-sized retractors the soft parts are held apart. The periosteum is now thoroughly loosened from the bone in the line of the incision with a raspator. With a chisel the bone is cut through at the upper angle of the wound (line for division), as in an osteotomy. The lower fragment is luxated through the slit in the periosteum, and the membrane (periosteum) carefully stripped from the bone.

The soft parts are now divided at the site of the lower angle of the wound, in one plane transversely to the axis of the limb, with an amputating knife, scalpel, or even with a large pair of scissors. The vessels are next secured by ligatures. The periosteum is now stitched together with a continuous, buried suture, of fine catgut, both longitudinally and transversely, obliterating the cavity of the periosteum which was occupied by the bone. The muscles are united by a continuous, buried, catgut suture, and, finally, the skin in the same manner.

The arguments brought by Neudörfer against the older methods of amputation are:

- (1) The irregular division of the soft parts.
- (2) The bone is usually divided higher than necessary.
- (3) Troublesome cicatrices often result.
- (4) The saw does unnecessary injury to the bone.
- (5) Periosteal flaps, being deprived of nutrition, do not reproduce bone.
- (6) Conical stumps may be formed.
- (7) A special set of cumbersome instruments is required.

The advantages of the method suggested by Neudörfer are:

- (1) The soft parts remain in their normal relation to each other and cannot retract.
- (2) Not being able to retract, a soft cushion is provided for the bone.

(3) The vessels may be controlled by the thumb and finger in the flap; the exact union of the tissues renders secondary hæmorrhage nearly impossible.

(4) No troublesome cicatrices result.

(5) The periosteum retains all its nutritive and osteogenetic properties.

(6) Conical stumps are never produced.

(7) Skilled assistants are not necessary.

(8) Few special instruments are required.

(9) Drainage is unnecessary.

(10) This is the only real subperiosteal amputation.

Objections that may be made to the method are as follows:

(1) It is new, has no statistics, and lacks the support of prominent men.

(2) In amputations of extremities containing two bones, the operation seems to be more complicated than it really is; and it certainly requires somewhat more time than the usual methods.

(3) The method must first be practiced upon the cadaver.

(4) Thickened periosteum is easily removed, but normal periosteum is elevated with considerable difficulty. There are no disadvantages from the side of the patient.

Meisenbach adds his conclusions, as follows:

(1) That the method of Neudörfer is one that offers, from a theoretical standpoint, all the conditions favorable for the formation of a good stump.

(2) That, inasmuch as no anatomical relations of muscular planes and tissues contained between them are disturbed, there is the least risk to the vitality of the parts, and the most favorable condition for union by first intention.

(3) Such being the case, the muscles cannot retract, and hence must form a solid, firm stump.

(4) That it offers most favorable conditions for a good cicatrix.

(5) That the preservation of the periosteum insures its osteogenetic properties and therefore, the more favorable conditions are preserved for a good contour to the end of the bone.

(6) That, in the chiseling of the bone and peeling off of the periosteum no serious obstacles are encountered.

(7) That the chisel is not likely to produce as much injury to the bone as the saw, and therefore not so likely to be followed by a necrosis of the end of the bone.

(8) That, in the main, Neudörfer's conclusions, as far as the experience of Meisenbach goes, can be verified.

(9) That it will take further experience, however, on the living subject, to place this method on a proper basis as a surgical procedure.—*Annals of Surgery*.

THE IDEAL TREATMENT OF ACUTE GONORRHOEA.—Foster (St. Paul) speaks of the great objection to early local treatment as at present employed—the danger of washing the infection backward. He proposes to attack the urethra from the rear, and always wash from behind forward. As soon as a *first* gonorrhœa is established, the patient should be etherized and a buttonhole opening made in the perinæum, and drainage of the bladder made. The anterior urethra can now be treated on surgical principles. Packing and distending the anterior urethra with iodoform gauze is suggested.

Though this method would necessarily have a limited field, the youth of our land should be educated to the fearful dangers of a neglected gonorrhœa, both to themselves and to their wives. If such radical means were demanded for the cure of gonorrhœa, many a young man would hesitate before he ran the risk of acquiring it.—*Journal of Cutaneous and Genito-Urinary Diseases*.

THE ABORTIVE TREATMENT OF GONORRHOEA.—In thirteen cases of incipient gonorrhœa, with only slight sero-mucous secretion, Feleki was able to effect a cure on the average in nine days by the following treatment:

After the patient has urinated, an endoscope, of as large a calibre as possible, is introduced into the urethra somewhat beyond the limits of the affected mucous membrane, and then the parts are brushed by means of a cotton swab with a five-per cent. solution of silver nitrate, care being taken that the solution gets between the folds of the mucous membrane. The application must be made under guidance of the eye. The pains produced are slight, and do not last more than ten or fifteen minutes, so that previous cocainization is not necessary. The immediate effects of the procedure are, pain in urination for one or two days, then diminution

of the secretion which does not usually become purulent, and subsidence of the inflammation. Salol is prescribed internally, but injections are rarely resorted to. If the secretion is scanty, one application is sufficient; otherwise, it is repeated after two or three days in a mild manner. In but two cases was a third application requisite. The gonococci usually present at the beginning of treatment generally disappeared a few days after the application. This treatment, however, should be employed only in cases characterized by slight inflammatory appearances.—*Pesther Chirurgische Presse*.

NEW RADICAL OPERATION FOR FEMORAL HERNIA.—Bassini (Padua) has devised a method of radical operation of femoral hernia with the basic idea of restoring the femoral canal to its normal state. The chief incision is made in the long axis of the tumor and parallel to Poupart's ligament. After exposure of the hernial sac, it is isolated, ligated and removed. The cut end of the sac is then sutured and the lower and posterior portion of Poupart's ligament is united to the pectineal aponeurosis by three sutures. Before they are tied a few more sutures are added to join the plica falciformis to the corresponding portion of the pectineal fascia. The sutures are then tied, beginning with that lying just outside of the spine of the pubic bone. The line of sutures in its whole length resembles an obliquely placed "C." The skin is then sutured and a dressing applied. The writer has employed this method in fifty-four cases. They all recovered without any complications, the duration of after-treatment varying from eight to twenty days. In forty-one cases a complete cure was confirmed from two to nine years after the operation. None of the patients wore a truss after the operation.—*Archiv. fuer Klinische Chirurgie*, Bd. 47, Hft. i., 1894.

COMPLICATIONS DURING UNION OF SUBCUTANEOUS FRACTURES.—Fabricius (Vienna) discusses the complications observed in 491 fractures treated in Billroth's surgical clinic from 1877 to 1892.

Severe primary hæmorrhage was especially observed with fractures of the patella; secondary hæmorrhages were not remarked. Fever after fractures is doubtless due to absorption of effusions; it does not correspond with the size of the hæmatoma.

Suppuration is very rare in subcutaneous fractures. It is only present when infectious micro-organisms are coursing through the vessels. For example, in a case of patella fracture in a patient with a felon, the knee swelled, and the micrococci of suppuration were found in the blood. The articular effusion was removed, the fragments of the patella at the same time sutured together and prompt recovery followed. Edema is dependent upon pressure of the dressing, intermuscular effusions of blood, thrombosis of the veins, transient paralysis of the bloodvessels or a too-large callus. It was most frequently observed after fractures of the leg. Thrombosis in the veins is diagnosticated with difficulty. If œdema appears after a certain time, then suspect venous thrombosis. Gangrene is chiefly due to pressure from without, though it may also follow injuries of the bloodvessels. As a rule, the dressing has been too tight. When following injuries of the vessels, thrombosis of both the artery and vein occurs; it rarely is dependent upon involvement of the vein alone. Venous thrombosis may now and then produce embolism of distant organs, principally the lungs; more rarely other organs. Embolism of the lungs either follows immediately or after a considerable time. It rarely clogs up the right ventricle. An embolism of the right foot was observed in a patient with fracture of the femur. He also had a pulmonary embolus from extension of the thrombosis from the veins of the leg into the vena cava and renal vein; quite violent renal hæmorrhages followed in this case. In spite of the manifold complications the subject recovered.—*Muenchener Medicinische Wochenschrift*.

BILATERAL INGUINAL BUBOES FROM PEDICULOSIS PUBIS.—Kraefling reports the curious case of a man of twenty-three years who presented a fluctuating bubo in each groin; he had neither a soft chancre, a balanitis, nor gonorrhœa. Examination revealed an enormous number of pediculi in and around the pubis, which had given rise to an eczematous condition of the skin above the pubis. No micro-organisms could be discovered in the pus either by the microscope, culture or inoculation. These buboes acted like ordinary non-virulent buboes after soft chancre, and only presented but slight inflammatory phenomena. The pus was of gray color but without sanguinolent intermixture, as in virulent buboes. Under a simple compressive bandage the pus was in a great measure absorbed as with non-virulent buboes, associated with soft chancre.—*Norsk Magazin for Lægevidenskaben*, No. 1, 1894.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,
FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

CARDUUS MARIANUS.—Dr. Proell cites a number of cases where this but little used remedy gave him good results. The first was that of a miner who was suffering from a condition resembling that of workers in tunnels (caisson-disease): face earthy pale, a dull eye, difficult hearing, tongue coated with mucus, no appetite, even his favorite foods and tobacco repugnant: great dyspnoea and palpitation even on going up a slight incline; spleen and stomach enlarged, especially much gas eructated, much rumbling in the abdomen, constipation alternating with diarrhoea; the evacuations grayish, the urine scanty and pale, the skin dry and flabby, great weakness, pulse slow and weak. The patient's mental condition was greatly changed. He was depressed and without interest in anything and even with the most important affairs of his life he dragged his life along silently. He received the tincture of marianus, several drops four times a day. He returned a month later. All his symptoms had disappeared and he was well.

He also reports two cases of dropsy. One from infarct of the liver in workman in a brewery with ascites: yellowish-brown color of the complexion, yellow coated tongue, bitter taste in the mouth, lack of appetite, continual thirst, a hard tumor in the right hypochondria, frequent eructations, chronic constipation, scanty and beer-colored urine with a tendency to drink excessively of beer and wine. A bottle containing two and a half drachms of marianus was sent, with directions to take four drops four times a day. Thinking it a purgative he drank it all at once and recovered in a few weeks.

The second case was that of a housewife, of forty five years and choleric temperament who had suffered frequently from a kidney affection and for a long time being without appetite and exposed to heat in the kitchen she had nearly lived on beer. Suddenly seized with a general anasarca which attained an extreme condition within eight days. Her face was greenish-yellow, her eyes scarcely visible, her arms and legs felt as hard as a board, the region of the liver and spleen painful to pressure, urine very scanty and of a brownish color; inclined to diarrhoea with grayish passages. The odorless eructations were especially disagreeable. Circulation and respiration normal. Carduus mar. tincture, two drops four times a day was administered with astonishing results. The anasarca decreased from day to day together with other symptoms and in twelve days she was completely restored and remained so for fifteen years.—*Zeitschrift des Vereines Homœopathischer Aerzte*, Bd. xii., Hft. iv.

A CASE OF CHRONIC ECZEMA CURED BY GRAPHITES.—Dr. Paul Lutz reports the case of a girl of seventeen years who came to him with an eczematous patch on the right index finger which was covered with whitish, bran-like scales and which during the last fourteen days had threatened to extend to the thumb and middle finger. The rough plaque had been for a long time under allopathic treatment, without success. With a hint as to the obstinate nature of the disease she was given two powders of graphites 30x, and a number of placebos. In nearly a month she returned and reported a slight improvement; in twenty days more pronounced improvement, in six weeks longer the finger was entirely free from any sign of the eruption. In all only two powders of the thirtieth attenuation were given, and that at the very first; the remaining time she received only blank powders.—*Allgemeine Homœopathische Zeitung*, Bd. 129, Nos. 3 and 4.

SEPIA IN PULMONARY AFFECTIONS.—Dr. Hesse, of Hamburg, states that sepia is frequently indicated in lung diseases. Von Boeninghausen recommended it in cough either with or without expectoration, with bloody, blood streaked, purulent, yellow, greenish or stinking sputa, and especially in consumption where it occupies an important place. Dr. Hansen, of Copenhagen, has reported a number of clinical cases without emphasizing the characteristics. Kunkel, of Kiel, regards it of value in pleuritic exudates, in low potencies. But in all these cases the characteristic sepia constitution must be present. He reports the following case:

A boy of fourteen years had been under treatment for five weeks for cough, with hoarseness. The hoarseness was worse in the evening, during the day cough with purulent sputa; he slept well but dreamed when he laid on his left side. Though physical examination revealed nothing yet his mother was anxious with regard to the child's health as he was greatly emaciated. Phos. 10x produced but little change. Further questioning led to a revelation of the fact that he had a remarkable tightness of the chest on breathing, with an inclination to take a deep breath; this was better in the open air, on motion, while at work, and worse while in the house and at rest. The patient, though the weather was disagreeable, had a constant desire to be out of doors where he felt best. Sepia 10x, was given and the mother reported that the child was quite rapidly restored to health after this remedy.—*Allgemeine Homœopathische Zeitung*, Bd. 128, 1894, Nos. 21 and 22.

TREATMENT OF DIARRHŒA IN CHILDREN.—Dr. J. De Wée, of Brussels, Belgium, recommends the following measures: In nursing children decrease the number of nursings; over-nursing or over feeding is one of the most frequent causes of gastro-intestinal disturbances in children, for, as a rule, too much milk is given. The condition of the nursing mother should also receive attention. If in spite of all measures and well-chosen remedies the diarrhœa does not cease it is advisable to suspend nursing for a time and to administer other foods or possibly to discontinue all food, for a short time. In these cases a good preparation is the white of one egg stirred up in a quart of water, or barley water. After the condition has somewhat ameliorated the child may be allowed to nurse again. If the symptoms reappear then either change the nurse or feed the patient artificially. In bottle-fed children one must proceed according to the gravity of the case. If the diarrhœa is but slight milk may be given, if diluted two-thirds with an alkaline water, rice water. Unfortunately this diet rarely suffices, and one will be forced to suspend the use of milk especially in the summer diarrhœas when the above indicated beverage may be employed in a nursing bottle with a half bottleful at a time. When the diarrhœa diminishes or ceases, begin with milk again but with precaution and at long intervals. Dentition has a predisposing influence to diarrhœa. In general, the diet has not a great influence here; milk may be discontinued and a little soup be administered. In young children the intestine is the great digestive centre and the large intestine is the point of most activity and hence if a digestive disturbance be set up the large intestine and rectum are affected and nutrition consequently suffers. The liver is very large in the infant and in these disorders this organ is either overactive (polycholia) or inactive (alcholia). The more important remedies are:

Aconite.—It is well to commence with this drug, especially if there be a little fever, with agitation, thirst, hot and feverish hands, etc.

Chamomilla.—The distinguishing feature of this remedy is the varying color of the stools; they are always acid, and contain mucus, but sometimes they are—and that the more frequently—yellowish-green, or they may resemble a poached egg, with a whitish-yellow mucus; when the stools are green and abundant they resemble eggs chopped up with spinach. The stool may also be lienteric. The odor is fœtid, colic precedes, and there may be ulcerations around the anus. This is the great remedy in the diarrhœa of dentition.

Ipecacuanha.—An excellent remedy when there is, at the same time with diarrhœa, nausea. The stools of ipecac also contain a good deal of mucus, which is either green or bloody. Colic or frequent stools, with expulsion of only a little blood or mucus. This drug has a great affinity for the lower intestine.

Colocynthis.—Liquid stools, appearing especially after taking a little nourishment; the colic is characteristically intense, so that the child keeps its limbs constantly drawn up. The stools are foamy or contain a large quantity of mucus, which may be bloody.

Magnesia Carbonica.—Greenish or foamy stools, or evacuation of greenish mucus,

distension of the abdomen, colic, sour smell of the child, sourness of the stomach—this is a remedy frequently neglected in practice. It is especially suitable for sour-smelling babies.

Mercurius Viris or Solubilis.—Frequent stools, with tenesmus, particularly during the night. The stools contain greenish mucus, blood, and they are sour; ulcers around the anus; sometimes prolapsus of the rectum. The stools are sometimes grayish-white. The chief indication is frequent desire for stool, which is not relieved by passing stool.

Rheum.—Pasty stools, brown, foamy and very sour-smelling stools; the whole child smells sour. The stool is preceded by colic, and the color may vary; ordinarily it is of a fermented appearance and sour; muscular twitchings.

Podophyllum.—Yellowish or green and undigested stools; sometimes they are mixed with mucus. Aggravation after eating or drinking. Prolapse of the anus.

Iris Versicolor.—Watery stools, characterized by burning in the anus, as though it were on fire; burning in the intestine; colic ordinarily precedes the stool.

Calcarea Carbonica.—Undigested stools, which are sour, fœtid, abundant, while often, at the same time, there is vomiting of clotted milk. It may be well alternated with chamomilla or mercurius, especially during the diarrhœa of dentition.

China.—Painless diarrhœa with enlargement of the abdomen; lenteria. Diarrhœa during the summer after having eaten fruit. Diarrhœa appearing as soon as one has eaten; the stools are sometimes involuntary. Aggravation at night. Colic before and after stool.

Veratrum Album.—Profuse watery stools, very severe colic with profuse vomiting. Indicated in grave cases where the disease assumes a choleric form type. Autumnal diarrhœa.

Arsenicum Album.—Indicated in the same class of cases as veratrum alb. It is excellent in diarrhœa coming on immediately after eating. The stool contains undigested food; vomiting with burning thirst.—*Journal Belge d'Homœopathie*, No. 3, vol. i.

CAUSTICUM IN SCIATICA.—In the *Leipziger Populäre Zeitschrift für Homœopathie*, Nos. 13 and 14, 1894, a case of sciatica suddenly appearing after a long walk, in a priest of sixty-four years, is reported where causticum effected a cure. Rhus and arnica were first given but in vain; several months after, the patient reported no improvement. He then could scarcely walk a few steps, and the limb had greatly emaciated. Causticum was sent. A short time after, a decided improvement was noticed, and which continued until the limb was nearly restored to the normal. Though still not as strong as the other limb, it had increased to the size of the opposite one, and was quite strong.

TREATMENT OF NERVOUS DYSPEPSIA.—Dr. Donner advises, in this affection, the employment of mild hydropathic measures, especially warm, though no cold water which will certainly do harm, together with rest and regular sleep; the galvanic current; massage of the whole body, and especially of the abdomen; gymnastics in the house and open air, though no overexertion, and a carefully-selected diet—that which agrees may be taken even if the appetite is capricious. Irritating and spicy foods are to be avoided—mustard, coffee, and tea, strong, as well as heavy wines; milk, in large quantities, if tolerated. Vary the milk diet with kefir, milk soups, buttermilk, etc. In some cases, a purely vegetable diet will be better borne than a mixed dietary. In the use of homœopathic remedies one must carefully individualize. The higher attenuations are usually better tolerated than the lower ones, though there are exceptions. Individualize both in dose and remedy.

Argentum Nitricum, 30x, one of the best remedies, as it contains all the associated nervous symptoms; weakness of memory, difficult thinking, exhaustion, dislike for work, palpitation of the heart, etc.

Zincum.—Here zincum metallicum and phosphoratum are those which he most generally employs. Zinc is an excellent nervine, and, like argentum nitricum, it contains nervous dyspeptic symptoms. It is characterized by aggravation from wine, which shows that it is more indicated in over-irritated patients than for weakened subjects. (Zincum phosphoricum is not zincum phosphoratum, not the phosphate but the phosphide of zincum.—*Trans.*)

Ferrum.—Employed as the ferr. phosph., ferr. oxid. rubr., ferr. acet., and metall., and indicated especially when there is complicating anæmia.

Platina.—Of service in females. It will cure a number of cases of nervous dyspepsia. It is an analogue of sepia.

Sepia.—Of value in females, especially when the dyspepsia is dependent upon an abdominal affection. The mental symptoms are especially suggestive, and are more to be considered—melancholia, indifference to friends, surroundings, etc. The disagreeable and empty sensation in the stomach, before eating, is not improved by food, as is the case with *hepar sulph*, which is also indicated in nervous dyspepsia in very weakened individuals. With *hepar* the mildest and most inoffensive foods are illy tolerated. Eating ameliorates for a time, but soon the condition is the same, as the digestion is slow and incomplete.

Kali Carbonicum.—To be employed in elderly people, and after weakening diseases. Sensation of emptiness in the stomach, before eating, and distension of it, after meals; sour eructations, heart-burn, a nervous sensation while hungry.

Stannum.—Very nervous and hysterical women where the odor of food causes vomiting.

Besides these, he mentions the following:

Aletris Farinosa.—Obstinate weakness of digestion, with loss of strength; dislike of his food, as it causes distress; constipation, flatulent colic.

Coca.—This drug awakens the slumbering strength of the system, especially when but very little is eaten; great flatulence and consequent distress, with very great constipation, but no desire for stool.

Sanguinaria Canadensis.—An analogue of *coca*.

China.—Dyspepsia from loss of fluids. Great sensation of fulness from the slightest quantity of food, as though a lump were lying under the xyphoid cartilage; dislike for starchy foods, desire for meat, fish, etc.

Natrum Muraticum.—Profuse formation of hydrochloric acid. Hyperchloridria.

Loss of appetite requires capsic., thapsia, *coca*, *nux*; heart-burn, *natr. phos.*, which rarely fails to relieve, and *cerasus virg.*; palpitation after eating, *abies nigra*; congestion of the head during digestion, pulsating headache and sleepiness, indicate *arnica*. Sleeplessness, *cofea*, acid phosphoric, and sulphur. Flatulence, *nux vom.*, *cocculus*, *chamomilla*, *colocynthis*, etc. Carlsbad water and its salts are injurious.—*Homœopathische Monatsblätter*, No. 7, 1894.

GELSEMIUM IN CONJUNCTIVITIS.—Dr. Goullon, of Weimar, Germany, relates the following case: A farmer of fifty years, in good health, consulted him on account of his eyes. They were very red, easily lachrymose, especially in the wind; he suffered terribly from dust and tobacco smoke. At the same time there was headache, and a sensation of vertigo, roaring in the ears. The headache was situated in the vertex, and consists of a disagreeable sensation of pressure as though he could feel the overfilled bloodvessels in his brain. Lack of appetite and chronic constipation. His eyes tired easily on reading and writing. He drank excessively of lager beer. Gelsemium was prescribed after a number of remedies had failed and in one dose twice a day. In a month he was heard from. His eyes were then apparently well, his sleep which had been too deep, was normal, the appetite had returned and his bowels had regulated themselves without other aid. The roaring in the ears had also disappeared. Though belladonna was seemingly indicated gelsemium was the remedy.—*Leipziger Populäre Zeitschrift fuer Homœopathie*, Nos. 11 and 12, 1894.

TREATMENT OF INFLUENZA BY THE SPANISH HOMŒOPATHS.—Dr. Cahis in a paper read recently before the Homœopathic Medical Academy of Barcelona, Spain, after discussing the symptomatology, etc., of the disease refers to the results which were obtained in its treatment. *Eupatorium* has not given him any results of consequence; *ranunculus*, *byronia* and *rhus* were administered with success in alternation. The meningeal complications were met with belladonna, and the rheumatic associated conditions with *rhus*. *Baptisia* he has only employed, in low attenuations, in gastric complications but with good results.

In the discussion Dr. Costa stated that he had used aconite but little and then only in robust individuals with a bounding pulse. The asthenia so generally present rather would indicate *baptisia* (1x). If at the same time there is intense headache he alternates it with belladonna or *nux vom.* In cough he administers *mercurius* and if there are severe associated pains, *ranunculus* and *rhododendron*. In neuralgia of the trigeminus he employs *chamomilla*, *causticum* and gelsemium; if it be periodic *china* and *plantago*. If the heart be attacked *digitalis* and *spigelia*. Dry cough, he thinks, is best treated together with the other respiratory symptoms by *hepar sulph.*, and if loose, *arsenicum*.—*Revista Homœopática de Barcelona*, No. 3, 1894.

THE HAHNEMANNIAN MONTHLY.

NOVEMBER, 1894.

THE TREATMENT OF "NERVE WASTE" AS INDICATED BY THE URINE.

BY CLIFFORD MITCHELL, M.D., CHICAGO, ILL.

(Professor of Renal Diseases, Chicago Homœopathic Medical College.)

ABOUT six years ago Dr. N. B. Delamater, professor of nervous diseases in the Chicago Homœopathic Medical College requested me to make for him quantitative analyses of the phosphoric acid in every sample of urine which he should send to me for examination. He saw to it that his patients collected in every case the twenty-four hours' urine.

I have made several hundred quantitative analyses for Professor Delamater and have extended the work to all cases which have come into my hands, so that in all I have now record of more than two thousand volumetric estimations of P_2O_5 , in the twenty-four hours' urine.

At the same time with the analysis for phosphoric acid I have also made quantitative analysis of the urea present, with a view to obtain data for therapeutic indications from observation of the urea-phosphoric acid ratio. This ratio is said to be normally from 8 to 1 to 10 to 1. Increase of this *ratio* in *disease* is far commoner than decrease.

Therapeutic pessimists who are worrying over the dangers of fallacious reasoning in regard to *increase of phosphates* in the urine, due

to one-sided diet rich in phosphates, should make a thousand or two volumetric analyses of twenty-four hours' phosphoric acid in cases of all sorts when, if their experience is at all like mine, they will find that *decrease of phosphates* as compared with urea, *i.e.*, increase in the urea-phosphoric acid ratio is the rule,* the extent of the increase of this ratio depending on the character of the malady.

In neurasthenic cases and in Bright's disease the decrease of phosphoric acid is most striking, and, in all cases when I say decrease, I mean not only in grains per twenty-four hours, but in grains per ounce, not only as compared with normal average standards per twenty-four hours and per ounce, but as compared with the quantity of urea in the same specimen.

My analyses show that decrease of phosphoric acid as compared with urea is one of the most constant phenomena observed in what is rather vaguely termed "American nervousness" †—at least in the region about Chicago. It is one of the rarest occurrences to find in the urine of American business men (Chicago) a normal urea-phosphoric acid ratio. The more distressing the nervous symptoms the higher this ratio.

This constant deficiency, in cases where "nerve waste" is evident, was puzzling to me, until I reflected that all the phosphorus in the urine was not to be found in the inorganic phosphates nor to be included in the phosphoric acid analysis. Phosphorus is found in the urine unoxidized as well as oxidized, and it occurred to me that the almost invariable decrease in oxidized phosphorus (phosphoric acid) might simply mean increase in unoxidized phosphorus.

I was on the point of coupling analyses for unoxidized phosphorus with those of the oxidized when the news came that Dr. Albert Robin, of Paris, had already begun on this line of work. I must, therefore, take second place in investigations relating to unoxidized phosphorus and content myself with, first, relating what Dr. Robin has done and, second, verifying his results, chemically and therapeutically if possible.

Dr. Robin finds that many neurasthenics void in their urine comparatively large quantities of incompletely oxidized phosphorus, the source of which is probably lecithin of the nerve-tissues.

Lecithin, as every medical student knows, is an organic compound found in the nerves, gray matter, semen, and blood and containing

* In the Mississippi Valley.

† Authorities on nervous diseases assure us that "American nervousness" is by no means confined to America.

phosphorus in combination with carbon, hydrogen, and oxygen, $C_{44}H_{90}NPO_9$.

Robin's idea of treatment* is to supply the system with phosphorus in organic combination most nearly approaching to that under which it exists as lecithin in the nerve centres.

He has been experimenting therapeutically for six years with certain glycerophosphates, namely those of calcium, sodium, and potassium, either isolated or associated, and both subcutaneously and through the stomach. He asserts that their influence on nutrition is indisputable. Thus the hypodermic injection of 25 centigrammes of glycerophosphate of lime increases the total residue of the urine, the only ingredients remaining unaffected being the uric and phosphoric acids, the latter body appearing to undergo diminution. The glycerophosphates seem to act antagonistically to antipyrin, which is the remedy for heightened nervous excitability. Their action when swallowed is less marked than when they are introduced into the system through the lymphatics. Dr. Robin claims to have had successes in the following conditions: convalescence from influenza, and certain infectious diseases; nervous depression; neurasthenic phosphaturia; torpid form of chlorosis characterized by diminished oxidation of proteids; phosphaturic albuminuria; and simple phosphaturia. He further cites the case of a young man aged twenty-three, affected with Addison's disease, and very thin and weak. Twenty-five centigrammes of glycerophosphate of lime injected subcutaneously daily, from January 5th to 25th, brought up his weight from 56 to 59 kilogrammes, and restored his strength in a remarkable degree. He resumed his work on February 9th, and the improvement had continued up to April 5th, although the pigmentation persisted. Dr. Robin opines that the really active agent in testicular juice is phosphorus in organic combination, and that its frequent failure in this form may be explained by the instability of the gland extract. This instability is avoided when the artificial product is employed.

[Dr. Robin has studied cases of albuminuria associated with phosphatic sediment showing that so-called cyclical albuminuria with neurasthenia, is frequently due to a general disturbance of nutrition and, in particular, to a loss of the mineral elements. The arthritic diathesis, nervous over-exertion, and over-feeding are amongst its most frequent causes. The disease is characterized by an exaggerated denutrition, which is most apparent in the organs that are nor-

* London *Lancet* quoted in *Record* June 13, 1894.

mally rich in phosphorus, and by an incomplete assimilation of alimentary phosphates. There is a loss of phosphoric acid, as shown by urinary analysis, while the red blood corpuscles show an evident malnutrition, and the processes of oxidation are relatively diminished. The essential urinary symptom consists in the presence of albumin with phosphaturia. The author divides this class of cases into four varieties, all of which, however, should be considered as requiring the same general principles of treatment, which may be briefly said to consist in those measures which tend to lessen the disintegration of phosphates from the tissues, to improve their assimilation, and to increase oxidation. The other indications are to improve the condition of the blood and to combat the albuminuria by the usual means.]*

Various makes of glycerophosphates have already appeared in the market, some of which will be found unsatisfactory for divers reasons. The glycerophosphate of lime is probably best suited to therapeutic purposes. This substance may be prepared by the following process: †

Take 3 kilograms of phosphoric acid (60 per cent.), 3 kilos 600 gms. of glycerine, sp. gr. 1.24; mix together and keep at a temperature of 100° C. to 110° for six days, agitating three or four times daily. It begins to color and emit fumes on the second day; by the fifth day it will have turned brown and ceased to fume; on the seventh day it is allowed to cool and is then viscous and transparent. After cooling, the free acid is neutralized by a mixture of 500 gms. of calcium carbonate in 2 kilos of water, and then allowed to settle two or three hours, when more of the chalk mixture is added and the process repeated till all the acid is saturated, which generally takes about two days. The mixture is then filtered, and the filtrate exactly neutralized with milk of lime, filtered again, and then precipitated by means of 90° alcohol. The precipitate which forms settles very rapidly; after about an hour the supernatant fluid is decanted, the precipitate washed and drained. The salt thus obtained is a white, crystalline powder, soluble in fifteen parts cold water, almost insoluble in boiling water, insoluble in alcohol, and giving with ammonium molybdate only a slight phosphoric acid reaction; calcined and dissolved in nitric acid, it produces, on the contrary, an abundant characteristic precipitates.

* *N. Y. Med. Times*, August, 1894.

† *Portes and Primier, Repertoire de Pharmacie*. Translated for the *American Druggist*.

I have described the process in order that it may be shown that the proper preparation is by no means easily accomplished and that inferior articles of it will no doubt appear in the market, giving rise to the usual therapeutic pessimism and uncertainty.

Of the other glycono-phosphates it may be said that glycono-phosphate of soda is exceedingly hygroscopic, and even to such an extent that the dry form is almost impossible to be dealt with. The only practical form would be a 75 per cent. solution, which, however, is not desirable.

Glycono-phosphate of iron is a fine white soluble powder, which may have much to recommend it, because the therapeutic effect connected with an iron preparation as a tonic would give it a preferential place.

The watery solutions of all glycono-phosphates do not appear to be permanent, and experiments in this direction are yet to be concluded with regard to making them stable.*

Before going on with the use of glycono-phosphates, I am free to confess that I have had already remarkable results from the use of other phosphorus compounds in neurasthenic cases with increased urea-phosphoric acid ratio in the urine. In my paper before the last meeting of the State Society I gave the details of a case cured by small doses of the hypophosphites which had been treated in other ways unsuccessfully for years.

In cases where there is a milky-white sediment of simple phosphates in the urine internal administration of acid phosphates is often found to be strikingly beneficial, but I am inclined to the opinion that the effect is produced in a curiously round-about way. Urine containing this white sediment is deficient in acid. Administration of acid phosphates increases the acidity of the urine, which in turn dissolves the sediment and eases the mind of the patient who, as a rule, thinks he is suffering from seminal loss. I doubt very much whether acid phosphates will prove to be useful in cases where there is increase of unoxidized phosphorus accompanied by deficiency of oxidized phosphoric acid with increase in the urea-phosphoric acid ratio. It has been said recently that much of the acid phosphate sold at soda fountains is nothing but dilute muriatic acid. Whether this is true or not I do not know, but it suggests to me that, perhaps, in cases of simple phosphaturia clearing up the urine, by means of any acid at all, sufficiently strong to affect the reaction of the urine,

* *Amer. Druggist.*

ought to affect also the spirits of the patient quite as well as administration of acid phosphates, which, so far as I know, go through the economy unchanged. It is possible also that acids, including acid phosphates, are useful where certain digestive disorders play a prominent part. (But when there is inflammation of the neck of the bladder, increase in acidity of the urine increases the sufferings of the patient, and acids should not be administered.)

The hypophosphites, *without strychnia*, and given in smaller doses than advised by the older school, have served me well in several cases when the urea-phosphoric acid ratio was increased without, however, any other evidence of disease present in the urine. Whether the glycerophosphates will supply the needed phosphorus to the body more readily or in better form remains to be seen, and will depend, it seems to me, largely on the stability of the pharmaceutical preparations.

One thing, however, appears reasonable to believe, and that is that phosphorus, either alone or in organic combination, should be the basis of treatment for "nerve waste." A "nerve food" without phosphorus is not a "food" for the nerves at all, except indirectly. Many so-called "nerve foods" in liquid form may aid digestion and increase the twenty-four hours' urine, in this way contributing to general health and supplying the nerves with nourishment indirectly. Combining treatment for renal insufficiency, if it exists, with administration of phosphorus in some form should be the general line along which to work in neurasthenic cases. I am not sure but what various local irritations will be better treated systematically in this way than by going at them tooth and nail, surgically, as is now the fashion.

A FURTHER REPORT OF SIX OPERATIONS FOR MOVABLE KIDNEY, AND ALSO A CASE OF EXPLORATORY PUNCTURE OF THE KIDNEY.

BY SIDNEY F. WILCOX, M.D., NEW YORK CITY.

(Presented at the New York State Homœopathic Medical Society,
Semi-Annual Meeting, 1894.)

AT the annual meeting of this Society held at Albany in February, 1892, I reported two operations for movable kidney, and gave a brief consideration of the subject in general.

Since then I have seen quite a number of cases and have operated on four of them, as well as making exploratory incision on another.

In this paper I shall give only the clinical reports of the cases as the points regarding diagnosis, treatment, etc., were considered in the former paper.*

The only difference to be mentioned in method of operating is regarding the closure of the wound. I think a more perfect approximation of the flaps is obtained, and there is less danger of the occurrence of ventral hernia where the different parietal layers are united separately by buried catgut sutures. The deep silver sutures are also employed, but are not fastened until after the wound is closed with the catgut.

The results up to date are as follows :

CASE I. (reported in former article).—I saw this lady last summer. She pursues her avocation of school teacher regularly, and is in every way greatly improved in health. She suffers still from nervous disturbances, but these are largely attributable to "change of life."

CASE II. (reported in former article).—This patient having been sent to me by Dr. C. Schumann, of Delhi, N. Y., I wrote to him, asking for a report of her condition. Under the date of September 20, 1894, he writes :

"The woman, Mrs. G —, on whom you operated for movable kidney a few years ago, considers herself perfectly well now. There was for quite a long time after the operation a good deal of soreness and numbness extending from the site of the incision down to the groin, and the bladder was very irritable for some time ; but all this has now passed off and the woman is well."

CASE III.—Florence D —, admitted to the Flower Surgical Hospital, October 25, 1892, æt. 32 years. Occupation, nurse ; condition, widow.

History.—Patient has had three attacks of peritonitis, one eight years ago, another about five years ago, at which time she was in bed for three or four months. She was very sick, being out of her right mind for several weeks. The last attack of peritonitis was last May, when patient was confined to her bed most of the time for five or six weeks.

Patient began to menstruate at about thirteen years of age. Her sickness came every two or three weeks, as a rule, but from the second attack of peritonitis she did not menstruate for six or seven months. Menstruation has been painful, especially in the back.

* Published in *North American Journal of Homœopathy*, February, 1892.

Flow has been profuse and frequently clotted. She has had endometritis eight years ago, at the time of the first attack of peritonitis, and again last winter. Patient has had two children, born eleven and nine years ago. It was soon after the birth of the second child that peritonitis occurred. She thinks she had a laceration of the cervix at birth of first child. Had operation for the laceration five years ago, and was benefited.

She has had difficulty in retaining the urine since birth of second child; some days having to urinate every hour or two, and immediately upon feeling the desire.

Patient had no control of the bowels for five or six months. About five or six years ago she had severe dropsy of the lower limbs and abdomen, which followed the second attack of peritonitis. For the last two or three years she has been constipated and obliged to resort to cathartics frequently. The obstinate constipation has produced piles. Patient has had pain in right side of groin most of the time for several years past. Her physician thought it ovarian trouble.

The history given above is a copy of that on the hospital books, but it is very probable that a large portion of her symptoms were referable to the kidney complication. I had known this patient for a number of years, as she was a nurse in the "Laura Franklin" Hospital, and, after leaving there, she came to me for examination. On examination, I was led to the correct diagnosis from some peculiarities of the symptoms. That the peritonitis had a sudden onset and was confined to the right side in the region of the kidney led me to the idea that there might be some difficulty in this region, and on careful examination my suspicions were confirmed. As the patient was quite thin, the kidney was easily found and very movable, and the diagnosis was easy. She was operated on November 4, 1892, at the Flower Hospital before the class. The operation was not difficult; the organ was easily secured and fastened in the loin in the usual manner. The highest temperature after the operation was 104.4. She suffered considerable pain and had some trouble with the stomach for a few days after the operation, but otherwise the course of recovery was uneventful. She was kept in bed the usual length of time, one month, and then allowed to get up and go about with a bandage to support the kidneys. She was discharged cured on the 29th of December, 1892. She was cautioned not to do any work or to exercise violently for at least a year; but she was very anxious to support herself and disobeyed instructions. In the fol-

lowing spring, while riding on a street car and holding on to a strap by the right hand, as there were no seats vacant, the car gave a lurch, which brought a sudden strain upon the cicatrix and resulted in a ventral hernia. She was readmitted to the hospital October 25, 1893, and on the 27th was operated upon for the hernia. An incision was made in the track of the old wound, the muscular edges freshened and reunited. The kidney was found to be fixed in the proper position. She was again discharged cured on the 6th of December, 1893.

I heard from her during the past summer, that she was very much better, and anxious to obtain a place in some institution as nurse; believing that she was sufficiently well to carry on the duties of the position.

CASE IV.—Miss A. S——. Russian, æt. 32 years. History Five years ago while living in Russia she had a severe attack of typhoid fever and after recovery was troubled with the most obstinate form of constipation. She had been in the Flower Hospital the year previous and under a regulated diet, remedies, and after I had performed the “American operation” for hæmorrhoids the condition of the bowels improved. The patient was sent to me by Dr. C. Eurich for operation on the hæmorrhoids. From her peculiar symptoms I was led to examine the abdomen and discovered a movable right kidney. This was easily found as the patient was extraordinarily thin.

It was deemed advisable not to operate on the kidney until the constipation was relieved and so the before-mentioned operation was performed.

Readmitted to the Flower Hospital October 5, 1893. The hospital records states that she “is subject to attacks of pain (in the lower abdomen and on the right side) lasting an hour or more and very severe in type. This pain is more or less every day and is especially severe at the menstrual period. Great pain is caused by the bowels moving. The pain is shooting, but constant rather than colicky in nature. At the time of the greatest pain there is great desire to urinate but there is no change as to the amount of urine passed either before or after the attack. Great difficulty was experienced in getting this patient to eat enough on account of the severe attacks of indigestion from which she suffered. The usual operation for nephrorrhaphy was performed October 7th at my clinic.

Recovery from the operation was uneventful and she was discharged from the hospital cured December 6, 1893.

I saw her September 22, 1894 (last week), and she is greatly improved in health. Her appetite is good, digestion improved and the bowels give her very little trouble. She is beginning to take on flesh and has much less pain. The kidney is in good position in the right loin.

CASE V.—Rica S., single, aged 33 years, occupation cook, was sent by Dr. Malcolm Leal to my clinic at the New York Medical College and Hospital for Women. Admitted February 6, 1894. Operation, the day following.

She had suffered so much from pain in the abdomen that she had been obliged to give up her work. The pain was on the left side as well as the right, although the left kidney was in its proper position, while the right was freely movable.

The hospital record is incomplete, and I have been unable to get an accurate history. The operation was made as usual and the kidney fixed in the loin. She had a good deal of pain after the operation until the sutures were removed, when that pain ceased, although she was greatly troubled with symptoms arising from a retroflexed uterus.

The wound healed by first intention, and the patient was discharged March 15, 1894.

On a subsequent examination in May, the kidney was in place, but otherwise she was not much improved in the short time which had elapsed since the operation. The patient has gone back to Germany since and I have not been able to get a later report.

CASE VI.—Georgiana O., admitted to the Flower Surgical Hospital April 19, 1894. History: Age, about 30; born in Sweden; occupation, domestic; habits, good; condition, single.

Says she is unable to remember a time when she has felt perfectly well. Her mother said she was very ill when only six months old, and since then she has always complained of her back. She has pain on one side of the back and then on the other. Her back feels as though it was broken and always hurts her, most when standing. About eight years ago she was caught in a panic and her stomach injured. At that time her urine was very dark and thick. At no other time has she noticed anything abnormal about her urine, either in quantity or quality. She is troubled with dysmenorrhœa; also troubled with her stomach, principally nausea.

This patient was sent to me by Dr. Bruno Bierbauer, of Brooklyn, and the history, as given above, is according to her statement. The kidney was extremely movable; could be displaced to the

median line of the abdomen, and was freely movable under the hand. It was easily discovered, as the patient was very thin. One peculiarity about this patient was the drawn look, or the look of pain, that made her appear older than she really was. The operation was performed, in the usual manner, at the Flower Hospital, on April 30, 1894, before the college class. The kidney was easily found, but was so movable that in the ordinary position for operation it was impossible to get hold of it. After several fruitless attempts, we were obliged to draw her over the edge of the table, turning her on her right side and allowing the kidney to gravitate into the wound; then, with a large, sharp tenaculum, which was securely fastened into the organ, it was held in position and the patient was turned back. The remainder of the operation was uneventful; the kidney was secured in the usual way. The patient had no appreciable rise of temperature, the highest up to the fifteenth day being only 99.8. She suffered, after the operation, from considerable pain in the back, and vomited some the night following the operation, but this was probably attributable to the ether. She improved rapidly, the usual course of after-treatment being pursued. The wound healed by first intention, and she was allowed to get up at the end of a month. Her appearance improved remarkably during the month of convalescence, the look of pain had disappeared, and she looked at least ten years younger than when she entered the hospital. She was discharged cured, May 24, 1894.

Since that time I have received the following account from Dr. Bierbauer shortly after she left the hospital: "she feels very well; says she can eat anything now, the first time in years; has a splendid appetite, and is gaining in strength every day."

CASE VII.—Augusta S., admitted to the Flower Hospital May 12, 1894. History: Age 26, born in Sweden; occupation, domestic; habits, good; condition, single.

Says she has been troubled a great deal with pains in right side which extend to the back. From her description, would say that pains are located in region of right kidney. The pain is very severe when she menstruates. Since last October has been unable to work on account of pain. Says she feels very weak and tired. Was in hospital in Jersey City for a month but was not helped. Has also been treated by several doctors from both schools. "Comes here to get rid of pain in right side."

This patient was sent to me by Dr. Opdyke, of Jersey City, with the diagnosis of probable abscess in the kidney. The patient being

a Swede and not able to speak English freely, we had great difficulty in getting an exact history of her case. She suffered from severe pains in the right renal region, but as there were also vague symptoms in other portions of the abdomen, it was impossible to make an absolute diagnosis. No movable kidney could be discovered, neither chemical or microscopical examination of the urine could reveal the presence of calculus in the kidney, but there was a large amount of pus present, and it seemed as if there might possibly be an abscess. Several examinations were made of this patient by various gentlemen connected with the college, but no definite diagnosis could be arrived at. After attempts had been made to help her by uses of medicine, an exploratory incision was decided upon. This patient was quite fat and the wound made was very deep. The kidney was secured and brought up into the wound for examination. It was found that the organ was twice the usual size and much paler in color than usual, and at one or two places could be felt small depressions into which the end of the finger would sink. In order to determine whether the calculus was present, a large, round harelip pin was passed into the organ in different directions, at least twenty or more times; so that the organ was thoroughly explored by puncture. No stone was found and the wound was closed up. The different layers of the parietal muscles, fasciæ and integument were united by separate rows of buried catgut sutures. On the second day the patient's temperature suddenly ran up to $103\frac{3}{10}^{\circ}$, and on the fifth day it reached 105° . Temperature kept up until the sixth day when there was a copious discharge of pus from the wound; after which it declined to normal. The wound healed somewhat slowly and she was discharged on June 23d completely cured.

The peculiar features of this case are, first, the extreme difficulty in making a diagnosis. The fact that the exploratory incision revealed nothing definite at the time; but it is probable that the kidney contained small abscesses, and these were punctured by the pin, setting up an acute suppurative process. After the discharge of pus, it is probable that the abscess cavity cicatrized and a cure resulted.

We heard from her last week. A report was received that she was much better in health than she had been for several years.

PSORINUM is indicated in melancholia with exhaustion and emaciation, there being a general anæmia, with aversion to food. The patient is ill-humored,—in despair; inclined to suicide, with constant thoughts of dying.

RHEUMATIC AFFECTIONS OF THE EYE.

BY W. H. BIGLER, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society, State of Pennsylvania, September, 1894.)

FOR the general practitioner, more accustomed to recognize general diseases than to distinguish the various forms of ocular troubles, it will be a help in arriving at a diagnosis to have them classified according to their relation to such general diseases. I have, therefore, brought together, in the following paper, those which he will be led to expect in connection with that very common ailment, rheumatism.

It is too much the practice of the specialist to regard the special organ or organs over which he exercises his exclusive care, as subject to diseases peculiar to themselves as special organs, irrespective of the similarity or dissimilarity of the tissue involved in their structure to that of other organs. Similarity of structure will predispose to similarity of perverted function, and we may, *a priori*, expect to find similar general conditions existing more or less in organs which are histologically or embryonically related. We will, therefore, expect to find in the various parts of the eye, according to their structure, the expression of so common a general condition as rheumatism.

In 1841, Mr. Ferrall called attention to what he called a rheumatic inflammation of the *tunica vaginalis oculi*—Tenon's capsule. The cases, as described by himself and others, were really cases either of periostitis of the orbit or of orbital cellulitis, as indicated by the symptoms: Intense, agonizing pains in the ball of the eye, forehead, and temple; effusion into the cellular tissue, with accompanying protrusion of the ball; chemosis of the conjunctiva and dusky red œdema of the lids. That they may have been the result of rheumatism, we do not deny, for in several of the cases this was proved to be the case by the disappearance of the attendant symptoms in the knees and legs at the same time with the ocular symptoms. The treatment which proved the most successful in the cases narrated was the use of, for those times, rather large doses of iodide of potash, called then the hydriodate of potass; and this of itself might render the rheumatic origin of the trouble problematical. We would, therefore, not wish to include such cases among the *rheu-*

matic affections of the eye, but rather allow them to remain classified according to their pathology, leaving their ætiology undetermined.

Episcleritis may be classed as one of the affections of the eye dependent upon rheumatism. It is one of the rarer forms of disease, and is always limited to the anterior segment of the sclerotic, between the equator of the eyeball and the limbus corneæ. It occurs, as a rule, only in adults, usually elderly people, and in connection with rheumatism or a gouty diathesis.

It is essentially chronic in its nature, and is subject to frequent recurrence during a course of years, without, however, interfering with the vision of the eye.

A circumscribed inflammatory nodule appears on the sclerotic, which, on account of the deposition of exudation, bulges out, traversed by vessels which are violet in color, being deeply-seated, episcleral, and is firmly attached to the sclerotic. Except at the site of the nodule the eye may be free from injection. The subjective symptoms vary; there may be but little discomfort, or in other cases violent pains, principally at night.

The nodule can be distinguished from a phlyctenule by its *never* being in the limbus; by its being beneath the conjunctiva, which is freely movable above it; and by its not breaking down into a superficial ulceration, but disappearing by absorption.

A form of *Iritis*, as is well known, can justly be reckoned among the rheumatic affections of the eye. The absence of a specific history, always, however, a proof of doubtful certainty, and the presence of rheumatic symptoms elsewhere, can serve to diagnose this form of disease. It generally assumes the form of simple plastic iritis, and may vary greatly in severity, but, as a rule, is not accompanied by extensive exudative changes in the parenchyma of the iris, nor by much hypopyon.

It is the form which has the greatest tendency to recur; the recurrence coinciding in many cases with the recurrence of the rheumatism in the several joints. It also occurs as a result of *arthritis deformans* and gout. In those cases in which gonorrhœa has given rise to a general infection we may have a gonorrhœal rheumatism attended with iritis, which usually does not set in until after the outbreak of the arthritis and frequently attacks both eyes, whereas the simple rheumatic iritis is most frequently monocular. Gonorrhœal iritis has frequent recurrences which are often associated with a recurrence of the urethral discharge, and it was, no doubt, this

form of complicated iritis which led many of the earlier oculists to class gonorrhœal ophthalmia as a form of the rheumatic.

The usual symptoms of iritis are found here, pericorneal injections contracted pupil, lachrymation, photophobia and pain. This last is sometimes of a characteristically dull kind, varied by sudden paroxysms of aggravation, accompanied by a gush of tears.

The somewhat lessened tendency to form posterior synechiæ in this kind of iritis makes its prognosis a little less doubtful than it always is in the other forms, but does not absolve us from the necessity of the early and free use of atropine.

Of the various forms of *paralysis of the muscles of the eye* certain ones have been called rheumatic, partly, because their distribution points to an extracranial origin and partly, because they result in consequence of exposure to wet or cold, or in connection with general rheumatism. They are sometimes found in cases having a specific history, but can be distinguished from paralysis, the result of syphilis, by their more acute onset, their shorter duration, their narrower distribution, and, finally, by the remedies found most efficacious in their treatment. Those which would be suggested by the history of the case fail to produce any effect, while those directed to the rheumatic basis speedily cure. Both syphilis and rheumatism belong in such cases to the "totality of the symptoms," and it is only by regarding the points of difference given above that we are led to the true ætiology and correct treatment.

Besides the above affections of the eye, generally classified as resulting from rheumatism, there is a class of others to which it is the particular object of this paper, in conclusion, to draw attention. We mean an actual rheumatism of the external muscles of the eye, one or all not attended by paralysis. Exposed as the eye is, so constantly, to the effects of draughts of air, especially at open windows in houses and in the cars, the wonder is that we do not have more cases of rheumatism of this kind, in spite of the seemingly ample protection afforded the muscles by the various appendages of the eye. We know how readily a painful stiffness of the neck or shoulder follows exposure to air in motion, even though it be warm, as in summer. In the same way, we find some one or more of the muscles of the eye suffering from a painful stiffness, which cannot be anything but rheumatic in its nature, and which can usually be readily traced to exposure to draught. We find an aching in the ball or about it, aggravated by any movement of the eyes, and usually, though not always, ameliorated by dry heat and pressure. The

ball may be sensitive to light pressure, even though firmer pressure by enforcing rest may give relief. Objectively, the signs are injection, rarely very great, intermittent flushings of the ball, with lachrymation. Vision is not affected, though there may be a feeling of weakness and pain when using the eyes for near vision, dependent upon the effort at convergence. The pupil is normally mobile; ophthalmoscopic appearances negative. It may be complicated with ciliary neuralgia, when the pain will be much more extensive and intense, often masking the true nature of the case. The diagnosis is usually arrived at by exclusion, and is confirmed by the coexistence of rheumatic pains elsewhere, however slight.

In the treatment of all these rheumatic affections of the eyes, we will find as our most valuable adjunct the use of pressure with dry heat. The remedies most effectual will be those most useful in rheumatism generally, particularly *bry.*, *rhus*, *cimicifuga*, *ruta*, *dule.*, *kali iod.*, *caust.*, and *magn. phos.*

SCABIES AND ITS TREATMENT.

BY EDWARD M. GRAMM, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Germantown).

It is essential in taking up scabies for our consideration this evening that we should start with a clear conception of what is understood by the term applied to the disease that has been a stumbling-block to homœopaths and a fruitful cause for disagreement as to its treatment. Throughout this paper when scabies is mentioned, let it be understood that the term applies to the lesions which result from the presence of the *acarus scabiei* (the female), its ova, its excrement and whatever other products of its existence and dissolution are produced within the deepest layer, the rete mucosum, of the epidermis. With the male this paper will not have much to do. It may, however, be well to call attention to the fact that the male never burrows deeply into the epidermis but may be found in shallow depressions on it.

Duhring defines the disease to be "A contagious, animal parasitic disease, due to the *sarcoptes scabiei*, characterized by the formation of cunuliculi, papules, vesicles and pustules, followed by excoriations, crusts and general cutaneous inflammation, accompanied with itch-

ing." All other authorities agree with him that the disease is due to the invasion of the epidermis by a living mite which is the progeny of others of its kind and which produces precisely similar individuals. It reaches the skin while that organ is in a healthy condition and the females burrow into the epidermis for the hatching of the eggs which they deposit in the rete mucosum. If a human being is exposed to the disease by contact with another affected with it, it is possible for a female to lodge upon the surface and even penetrate the epidermis to a slight extent and then be killed by the action of some substance detrimental to her that the person uses in his occupation; or enough of the upper layer of the epidermis may be washed off in the ordinary washing of the skin for the acarus not to be able to reach beyond the action of agencies ordinarily brought into contact with the skin from which it dies and the individual remains free from further irritation of the skin. This is manifestly not a proof of individual insusceptibility to contract the disease as considered by some.

The symptoms by which it is possible to diagnose that a certain itching disease of the skin has for its cause the acarus scabiei are so fixed and run such a certain course that no one should be led astray. A history of contagion may or may not be obtainable. The first lesions seen are minute papulo-vesicles or pure vesicles (never pustules). These spread with variable rapidity from the point of infection to contiguous portions of the skin and to parts habitually handled by the patient. With the appearance of the lesions itching is experienced, this itching being worse at night and increases in degree as greater areas of the surface become involved by the invasion of the parasite. It takes about three weeks for the whole cutaneous area to become invaded. Certain localities suffer more severely and more surely in a given case, so much so that the location of the disease in those regions is of diagnostic importance—they are the webs of the fingers, the anterior edges of the axillæ, the abdomen and groins, the mammæ in the female, the dorsum of the penis in the male, and the toes. The face remains free, except in the sucklings who contract the disease upon their cheeks from their mothers' breasts.

If the skin were insensitive to the irritation produced by the foreign bodies (the itch-mites) as they exist within the epidermis, the foregoing would complete the description of the disease. As, however, the itching annoys the patient, he resorts to scratching for relief, with the effect of producing linear abrasions of the epidermis,

scratch-marks. In proportion as he neglects cleanliness there will develop pustules which are followed by crusting. The pustule formation may become marked upon the webs of the fingers or even the palms. Pus formation in these localities takes on the characteristics presented by paronychia; that is the separate aggregations will be rather diffusely situated beneath the upper layers of the epidermis and not collected into decidedly conical collections which are characteristic of ordinary pustules; and the epidermis overlying them will be but slightly elevated above the surface. If the disease is unrecognized or untreated for a length of time, the whole surface will become inflamed; all of the different lesions that are capable of being produced upon the disease will form and the true character of the disease be much masked. When such an old case comes under observation the anterior edges of the axillæ will show marked and large pustulo-crusty lesions, numerous scratch-marks will exist almost all over the surface, the penis will have similar pustulo-crusty lesions on it, the hands will show inflamed, cracked, crusty areas, the front of the wrists will have pustulo-crusty lesions upon them that very much resemble warts at the first glance; in fact the whole body will have become the seat of papules, vesicles and pustules, and their intermediate formations, intermixed with scratch-marks. Curiously enough, the face will be free from the disease. In such a case the history of the spread of the lesions will aid very much in the diagnosis.

The burrows, or canaliculi, produced by the mite can readily be discovered early in the disease in localities where the skin is thin. They should always be sought for in doubtful cases; in cases of long-standing, however, they are hard to find by reason of the fact that the scratching of the patient will have become so vicious that he tears the skin and produces oozing, crusting, pus formation and diffuse inflammation of the skin, all of which mask the true condition.

A *résumé* of the diagnostic points of the affection will give us:

1. A history of contagion.
2. The development of minute papulo-vesicles or vesicles, spreading on contiguous portions of the skin or on parts habitually handled by the patient (never in patches but in rather a scattered manner).
3. Itching, worse at night and becoming progressively worse as larger areas become invaded by the itch-mite.
4. Sites of predilection shown by the disease. They are the webs of the fingers, the front of the wrists, the anterior edges of the axillæ,

the mammæ, the penis, the abdomen and groins, the toes and feet. Flexor surfaces are more involved than extensor.

5. That it has taken about three weeks for the disease to involve the whole surface.

6. That the face remains free from the disease, except in the case of infants at the breast.

7. That old cases show all the lesions that can possibly be produced by disease of the skin, expressed by the term multiformity of lesions.

8. Incidentally—Numerous scratch-marks.

9. The itch mite and its canaliculi. I have placed these last because, if they can be found, all the other considerations are of minor importance in the diagnosis. It is, however, important that the fact should be borne in mind that it is possible for a person affected with a simple skin disease to become infected with itch; but if the symptoms have run the course that has been described, but one conclusion can be reached—that scabies is the disease presented by the patient.

Both for purposes of study and for treatment, it must be remembered that in the early stages of a case of scabies the irritation produced is the direct result of the presence of the itch mite, its ova, etc.; and that, if the mites are killed by treatment or are removed by any other means after the disease has existed for awhile, the skin does not immediately return to the normal condition (varying with the individual); but that for a longer or shorter time a dermatitis persists that is a continuation of the inflammation produced by the itch mite, but is not due to the presence at that time of a living organism.

Many of our homœopathic physicians who only quote Hahnemann in part, claim that he intended to state that scabies was the skin affection which was the progenitor of all the ills to which human flesh is heir which cannot be reached by other than antipsoric treatment. When, however, we read his words as recorded in the first edition of his *Chronic Diseases*, we can see that he certainly did not mean that psora is the result of untreated or maltreated scabies. Listen to them: "A most careful observation taught me that not alone the most of the many skin eruptions which Willan, with anxious solicitude, differentiated from each other and to which he gave separate names, but also almost all adventitious growths from warts on the fingers to the largest tumors . . . with but few exceptions are true single progenies of the multiform psora." In another place

he states that in former years psora showed itself in the form of leprosy (and surely no one can be found who would have the temerity to claim that leprosy could be produced by suppressing scabies), but at the time of writing his statement it only showed itself in the form of the "itch eruption." When we take into consideration that already, in 1791, he wrote positively of his knowledge of the existence of the itch mite, and that the lesions caused by its presence upon and within the skin could be made to disappear in a few days by the local application of sulphuretted hydrogen in saturated solution, "and does not return except with reinfection. But would it not return if it was caused by acidity of the humors? I have often observed this, and agree with those who attribute the disease to a living cause." Again, in 1792, in a letter to Stapf, he endorses the belief expressed the year before that scabies is produced by the *acarus scabiei*: "These exceedingly small animals are a kind of mite. This cause of itch is the only true one, the only one founded upon experience." When it is recalled that Hahnemann's positive knowledge of the existence of the *acarus*, and that it produced a disease of the skin antedated by thirty-six years, his statements in the first volume of the *Chronic Diseases*, that psora is the cause of "most of the many skin eruptions with but few exceptions," we cannot reach any other conclusion than that scabies must be one of the exceptions.

The same physicians also regard it wrong to treat scabies by other than internal remedies, claiming that Hahnemann taught that the use of external remedies designed to kill the mites produces a condition within the system which is called psora, and which remains with the person so treated during his lifetime, and is transmitted through many generations as the cause of acute diseases running a fatal or irregular course or becoming chronic, and as the cause of chronic diseases existing which have not gone through any acute stage. In 1792 Hahnemann asserted that "only anti-scabious remedies are required; and, in very weakly subjects, internal, strengthening medicines, such as *china*, wine, steel filings. Sulphur ointment has the common but unfounded reputation of driving the itch back into the system. This prejudice will, however, be removed if, instead of ointment, we employ only a lotion, which eradicates the itch more effectually and kills the small insects in the skin in a few days. Take half an ounce of (Hahnemann's) chalk-like *liver of sulphur*, in powder (every chemist knows how to prepare it with equal parts of oyster shells and *sulphur* heated to redness), and the

same quantity of *cream of tartar*; put both in a glass bottle, pour two pounds of cold water on them, and shake a few times. With the clear water that appears when the mixture settles, the patient is to wash himself three times a day on all spots affected by the itch. A recent case of itch, under this treatment, disappears without the least bad consequences in the course of six or seven days, a more severe case in fourteen days, and the most obstinate case in three weeks." I repeat here, that if psora is the cause of "most of the many skin eruptions with but few exceptions," and we collate Hahnemann's expressions heretofore cited, scabies must be one of the exceptions.

Hahnemann says that "itch eruption" is the external manifestation of the internal "itch disease," and on this the opponents of external treatment base their taboo of measures designed to kill the itch mite. They also quote that Hahnemann says that a patient under treatment for the "itch eruption" "must avoid the application of every external remedy, even if it would seem to be ever so innocent, as, for example, the washing with black soap." If "itch eruption" and scabies are not synonymous, these quotations are not applicable for the purpose that they are used by some of our confreres.

One thing is certain, it is not possible to suppress scabies in the sense that the term is usually employed by some homœopaths. It is peculiar that so many physicians are firmly convinced that the use of external remedies in a case of scabies suppresses the disease. The effect of using illy chosen or too strong local applications in a case where skin lesions result from the invasion of the epidermis by the *acarus* is to produce an active inflammation of the skin exceeding in intensity that which would have resulted had the *acarus* been left untouched by local agencies. This statement can be verified by experiment by any one who wishes to do so. The use of well-chosen local measures prevents the invasion of new areas of the skin by the itch mites by killing each individual and the ova in the epidermis, and their application must be continued only so long as this result is not accomplished. The effect of using suitable substances poisonous to the *acarus* does not remove the eruption, and does not aggravate the skin lesions. Now, why physicians will persist in the belief that remedies applied without being suitable to the case, and which aggravate the local trouble by setting up an acute dermatitis, as well as those which kill the itch mite, and by that means take away the contagious quality of the disease, but which do not, *per se*, cure the

case, can be said to suppress the disease, is unexplainable to me. Any one who has seen the rapid subsidence of the irritation when a suitable ointment has been applied to a skin affected with scabies, and who hears the report of the patient that subjective sensations have become much more moderate under such treatment, must feel that he is on the right track. Add to this the fact, which it has always been my earnest endeavor to search out, that cases so treated do not show any deviation from their normal health, although under observation for years afterwards; and the fact is plain that no injury has been done by killing the mites within and upon the skin by local measures.

The redevelopment of scabies by the administration of an internal remedy is another fallacy that is gravely insisted upon in some quarters. He who does not believe that he can reproduce scabies that his unfortunate confrere has suppressed is no homœopath but a "mongrel and trimmer." Let us see, however, what is necessary in order that this miracle can be accomplished. Scabies is a disease of the skin in which the skin lesions are produced by a living, air-breathing mite. The internal administration of an antisporic, therefore, not only brings out an eruption upon the surface of the body of the patient, but it also, more than likely by spontaneous generation, causes acari to exist. How absurd a position to take before an investigating world.

When called upon to treat a case of scabies the first thought that should engage a physician's attention is the likelihood of his being able not only to kill the acari present at the time, and their young as they emerge into the world, but also the ability he may have to keep the patient free from reinfection. There is no use in undertaking a case in one member of a family where others of the same family are affected, and who either will not or do not also resort to remedial measures. The possibility of reinfection should ever be borne in mind while treatment is progressing. On that account the earliest lesions that manifest themselves in scabies should be thoroughly understood and the patient's skin minutely scrutinized if he complains of an aggravation of his trouble. Many times new lesions will crop out that will show conclusively that new accessions of itch mites have occurred. The patient should be cautioned against intimate contact with former associates where the disease is not attributable to contact with members of his own family. The physician who neglects to keep a scabies patient away from intimate contact with other people is as culpably negligent as he would be were he to allow

free intercourse among members of a family or community where small pox exists, simply because the homœopathic method of treatment is superior to any other; and yet such instances are calmly reported in our journals.

As the acarus is an air breathing mite, the application to the skin of any substance that will keep air from reaching it will kill it. On that account grease of various sorts, notably lard has been used for many years past. Its action is, however, too uncertain by reason of the fact that it usually cannot be kept in intimate contact with all regions of the body for a sufficient time. Green soap, or the common black soap made by the Germans, is also very efficacious if properly applied. Its action is due to the ability it has of dissolving and removing the upper layers of the epidermis and thus dislodging the acari by mechanical means. Sulphur ointment is still another application which is used. If faithfully applied it will kill the parasites. By far the best treatment that can be applied is the naphthol ointment first recommended by Kaposi. It is composed of beta naphthol, three drachms; precipitated chalk, two drachms; green soap, ten drachms; and lard, two ounces and a half. This is the strength for an adult. Its method of application is important. The patient is directed to take a hot bath, rubbing himself thoroughly with a coarse towel after his bath. The ointment is then well rubbed in all over the body, particularly where the eruption shows itself markedly. It is then left *in situ* until the following night, when another hot bath is taken and an inunction made. The ointment is again left on until the third night; a bath is taken again and an inunction made and the ointment left on until the fourth night; then a hot bath and a thorough rubbing complete the anti-parasitic treatment. Three nights of hot bathing, followed by thorough rubbing and application of the ointment, and a hot bath alone on the fourth night, leaving the ointment on the surface between the baths, is then the treatment just stated. Usually all danger of contagion is removed by this treatment. If the case is of long standing and the patient can be under the immediate observation of the physician, as in a hospital, the following ointment is efficacious; sulphuris sublimati et olei cadini, aa, drachms two; cretæ præparatæ, drachms two and a half; saponis viridis et adipis, aa, ounces one. Let me emphasize the fact that the measures just recounted constitute the anti-parasitic portion of the treatment. The use of the ointments recommended does not complete the cure. The irritation of the acarus and the scratching of the patient, as well as the degree to which a

patient's skin reacts to the inflammation producing ability of these two causes, will have determined a dermatitis whose severity varies in different individuals. This is to be cured by internal remedies and they are to be chosen by the totality of the symptoms of which the patient complains. Hepar sulphur, causticum, nitric acid, cin-nabaris, and psorinum, are probably the most frequently indicated remedies.

THE PATHOLOGICAL SIGNIFICANCE OF HIGH TEMPERATURE.

BY J. R. PHILLIPS, M.D., ERIE, PA.

(Read before the Homœopathic Medical Society, State of Pennsylvania, September, 1894.)

SEVERAL writers give observations on the effects of high temperature, but few offer any explanation of its cause—of what it means, pathologically, to have a high temperature. All are agreed that when a high temperature occurs, it is generally the result of some pathological change, but what sort of change? In other words, what are we to suspect as the pathological cause when we find fever? Billroth, in his *Surgical Pathology*, reminds us of the remarkable stability of the temperature exhibited by the blood in health, whatsoever may be the temperature of the outside air, whether torrid or freezing.

He remarks on the well-known difficulty of so-called calorimetrical experiments, and appeals to the known changes of excretion and rapid loss of weight in fever, to show that increased consumption of nitrogenous elements and the consequent more rapid elimination of urea are prime factors in the production of increased heat. Traube, quoted by Billroth, gives another view, asserting that the superficial chill and consequent capillary contraction at the beginning of fever, by preventing access of the usual amount of blood to the air for radiation of its heat, results in the storing up of heat in the body. Billroth dissents from this view, and charges the first rise of fever to a more rapid interchange of tissue or to irritation of the nerves, or to the presence of a septic ferment in the blood, and this last conclusion is apparently sustained by modern bacteriological researches.

On the other hand, one writer in the *American Text-Book of Surgery* takes a step backward when he asserts (page 15) that "It is now known that the local rise of temperature is due to the greater

amount of blood which flows through the vessels." If so, why is not a vascular nævus hotter than the flesh around it, like a boil? And why is the blood hotter in one case than in another? What, now, is the real pathological significance of high temperature? That the production and maintenance of vital heat is a most complex process is manifest, but the production of an excess of vital heat in fever seems to imply the added vital heat of organisms that accompany morbid states. Experiments prove that every injection of pus is followed by a rise in temperature, to be renewed, after its cessation, by the injection of a fresh portion—a most interesting observation, showing the part that bacteria almost certainly plays in the production of fever. The antipyretic action of paralyzing remedies is thus, perhaps, explained by the paralysis, and consequent torpor or death, of the various bacteria in the blood.

As a consequence, we have a lot of hasty funerals of these bacteria to attend to, and these, combined with the paralyzing action on their patient host—the sick man—makes the action of most antipyretics so much to be dreaded. That antipyretics, as such, are not needed is shown in Hering's admirable repertory of fever, appended to Shipman's translation of Panelli *On Typhoid Fever*, and not printed elsewhere, so far as known. Hering gives no drug indicated for the single symptom of fever, and observations on a case in the family of one of our physicians sustains that position. C. E. C., age 16, had typhoid fever, without known cause. The prostration was never profound, the tenderness and tympanites slight, the stools nearly normal, the tongue never very dry, very slight nose-bleed, delirium almost *nil*, only a slight confusion on waking; none of the complications usually regarded as necessary accompaniments of high temperature, such as pneumonitis, splenitis, hepatitis, synovitis, meningitis or peritonitis, and, as just stated, only a slight enteritis; yet with all these favorable conditions, with absence of cough, of bed-sores, of any apparent avenue for the entrance of bacteria beyond the usual lesions of Peyer's patches, there was a temperature of 102° F. every morning and 104° F. and upwards every evening for over five weeks, save a slight abatement in the fourth week. Although watched with anxiety, and consultations held, no complication was apparent, and convalescence was perfect and uninterrupted. There being so few indications beside the fever heat, very little medicine was given, and none at all, just "to bring down the temperature."

Homœopathy, as a conservator and encourager of vital force,

cannot afford to depress that force just when it needs its best energy in defeating, *seriatim*, the hosts of bacteria generated in its kingdom, the body—those bacteria being, as we conclude, the pathological cause of high temperature both in fever and in putrescence, when, as is well known, the temperature often rises after death.

THE TREATMENT OF GRANULAR LIDS BY MASSAGE WITH BORIC ACID.

BY WILLIAM SPENCER, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society, State of Pennsylvania, September, 1894.)

THERE are few practitioners but who have had, during their practice, some cases of this intractable disease. I will venture to say they have struggled harder and worked more, with poorer reward for their efforts, than in most any other class of diseases—not only because the large proportion of these patients are found in a class of people of low vitality and have poor hygienic surroundings, but because the prognosis for radical cure with good vision is extremely poor. Then any innovation in the old routine methods of treatment that offers any merit ought to receive a hearty welcome. “This being an age of exact scientific investigation, men demanding facts and not theories,” I will attempt to prove the efficacy of this method of treatment by showing the result of a few of the many cases thus treated at the Eye Department of the Dispensary of the Hahnemann Hospital of Philadelphia.

There is no disease of the eyes to which such a mass of literature has been reared as that of trachoma. Historical researches have shown the disease has been epidemic in Europe since antiquity. Celsus mentions it and describes it, yet it was not until the latter part of the eighteenth century that trachoma began to attract the attention of physicians to any great degree. It became epidemic in Europe about this time, following the return of Napoleon’s army from Egypt. The European wars following, and the armies coming in contact with each other, as well as with the civil population, the disease became so widely disseminated that during the first half of the present century the European armies, inmates of asylums and schools, the poorer classes of people who lived in badly ventilated and damp rooms, and, in fact, in all establishments where people

dwelt together, large numbers were affected. In some districts, as many as 20 per cent. suffered. According to the description of that time, Fuch says trachoma then ran a very acute course, and was attended with profuse secretion, circumstances which explain the rapidity with which the disease spreads. It seems that they then had to deal with the acute form of trachoma, which, now that epidemics have ceased, has become rare. At present, trachoma exists in many countries as an endemic disease, but mostly occurs under that chronic form under which, with scarcely any exception, we now see it.

In the majority of these cases there is so little discharge that it is scarcely noticed; the lids are not even agglutinated in the morning when awakening. There is, however, a slight discharge in some cases, enough to produce by its evaporation thin crusts on the lid edges or in the corner of the eyes. The different forms under which trachoma shows itself now is regarded as the explanation why it is not so prevalent. It being an infectious disease, infection takes place by coming in contact with the secretions of a diseased eye. The danger of infection being in direct proportion to the amount of the secretion, contagion through the atmosphere is no longer considered. The question of micro-organisms is not, as yet, settled. At present, only the micrococcus of acute blenorrhœa, the gonococcus, has been satisfactorily determined. Notwithstanding we are not subject to epidemics of this disease, it becomes very essential to cure the sporadic cases—not only on account of increasing the susceptibility of the conjunctiva to acute inflammations, but because it gives rise to deformities of the lid and serious damage to the cornea.

Trachoma is characterized by slowly progressive changes in the conjunctiva of the lids; in consequence this membrane becomes hypertrophied, vascular and roughened by firm elevations, instead of being pale, thin and smooth. This hypertrophy of the mucous membrane occurs under different forms, papillary, granular and, according to Stellwag, mixed. The vision is injured by a complication affecting the cornea, appearing under two forms, pannus and ulceration, which very frequently occur together. In the treatment of this disease it is only the mildest cases or those that are treated early that are completely cured and the vision regained. In other cases there are left sequelæ, causing a permanent impairment to the cornea, the lids or the conjunctiva. The secretory glands become obliterated, the conjunctiva cannot supply the proper amount of fluid, and hence there is

an unpleasant dryness and irritation of the lids. By the shrinking of the tissues the hair follicles are distorted, the hairs become few, or may be turned down upon the globe. The palpebral fissure is shortened, the lids cannot be sufficiently separated, the tarsi become prominent and are shrivelled into dense ridges. The cornea loses its transparency and the curve becomes altered into irregular forms.

The different methods of treatment are legion, many of the measures, such as scarification of the conjunctiva, excision and expression, or rupture of the trachomatous granules, cauterization, etc., were known and practiced by the ancients. The most prevalent medical treatment is directed to the reduction and absorption of the granular formations. This is brought about by such astringents frequently applied as will hasten this process without injuring the conjunctiva. In the milder and less malignant cases, such caustics or astringents as alum crystals, sulphate of copper, pyoktanin solution, tannic acid and glycerine, nitrate silver, etc., are applied daily to the everted lids. As the parts become accustomed to one remedy another must be substituted. The patients are provided with some astringent washes of alum, boric acid, sulphate zinc or acetate lead. In the more malignant or chronic cases, after undergoing the above course, other and more effectual measures are resorted to, such as to pick out each granule with a needle or to squeeze them out with forceps or puncture them with the point of a hot cautery needle or in the excision of the supra-abundant folds of the conjunctiva at the fornix or curetting the conjunctiva according to the method of Peters, of Bonn, or the method of grattage inaugurated by Manolescu, of Bucharest, of scarifying the conjunctiva horizontally and vertically and scrubbing the scarified surface with a short bristled tooth-brush with a solution of bichloride of mercury or the expression of them by the sort of mangle process with the Knapp roller forceps, etc. With all these many methods, surgical and medical, some of which have been highly lauded, particularly the surgical, to cut short this tedious and serious disease, yet the majority of the cases run along for years, few caring to submit to surgical measures. According to such authority as Mutermilch, it will take at least ten years to effect a spontaneous cure, and about the same time by the methods pursued by many practitioners. What a dark outlook this presents to the persons afflicted, to say nothing of the feelings and patience of the practitioner who is unfortunate enough to get a case of trachoma that will not submit to surgical measures.

We ought, therefore, to herald with much pleasure any other plan

that will offer the slightest possible chance of relieving them, if not making a complete cure, even though it be tedious, if the cure can be made without the formation of cicatricial tissue and the distressing sequelæ. My attention was first called to the use of massage with boric acid by an article which appeared in the *Journal of Ophthalmology, Otology and Laryngology*, July, 1891, at that time we were treating a number of cases at the dispensary of the Hahnemann Hospital, and deemed it worthy a trial. It has been, since that time, used in all cases, acute and chronic, indiscriminately without any other measures, except atropine, where the photophobia was marked, or in cases of iritis or corneal ulcer complication.

The *modus operandi* is to thoroughly anæsthetize the eye with a solution of cocaine, cleanse it with soap and water if necessary, dust freely over the everted lids powdered boric acid, then with the tip of index finger, rub it thoroughly, making considerable pressure.

When first applying the powder and rubbing it, a thick paste is formed, the irritation to the conjunctiva producing a hypersecretion. When this paste is absorbed or dissolved, apply more powder and continue the massage. This is done several times during the treatment, until the secretions no longer form a paste and when stopping the tissue and powder are perfectly dry. After treating the lids indirect massage is made to the cornea through the closed lids, if the cornea is complicated with pannus. In the early part of this treatment, the conjunctiva being hyperæmic, there will be some hæmorrhage. This will cease after a few treatments. Very little reaction follows this apparently harsh treatment and after washing the external parts, the patient is able to attend to his vocation. The best result attending this treatment is where it can be applied daily.

I will cite a few cases to show the success of this treatment, some of which have been very brilliant.

The first case is that of Mr. J. G., æt. 42, a German fruit vender. He had been treated in other charitable institutions of our city for three years previous to coming to us. He presented the following symptoms, as taken from the record book of the Hahnemann Hospital Dispensary. Lids heavy, drooping, partial ptosis, marked photophobia and considerable lachrymation. On everting the lids the conjunctiva is congested and swollen, causing an unevenness more in superior lid. The roughness and tendinous scars "showing the vesicular formations had been partially absorbed." The upper half of the cornea was so densely infiltrated and vascular, as to be wholly opaque.

T. N. V., R. fingers counted at three feet; L. fingers counted at three feet.

This case had all the old stereotyped methods of treatment, such as topically applied sulphate copper, pyoktanin, nitrate silver, iodine and glycerine, grain 40 to 5j, etc. He was put in the hospital and operated, the grattage operation, according to Knapp's method, all without any decided improvement. His vision at this time, after nineteen months treatment, was O. U. $\frac{1}{200}$, an improvement, of course, but very slight for the length of time he was under treatment and inconveniences he experienced. It was at this time, November, 1892, when I began to treat him with boric acid and massage, everything else being stopped. He was treated daily for several months, and then twice weekly. He began to improve at once, and, though slow, his eyes assumed a more healthy, normal appearance. The opaque cornea gradually cleared until March, 1894, sixteen months after treatment had been started, the cornea of the left eye was so transparent that all treatment on that eye was stopped.

The V. R. $\frac{6}{200}$, L. $\frac{15}{100}$, the cornea of right eye not having cleared as fast or as much as that of the left eye, the treatment was continued in that eye twice weekly until the vision became R. $\frac{8}{200}$, L. $\frac{15}{100}$.

This case, of course, took a long time; but for the first year and a half but little or no progress was made, so I considered just that much time lost. As soon as he was put on the boric acid treatment he began to improve, and now attends to his vocation and duties very comfortably.

Mary E. K., æt. 21, had sore eyes six years; when she came to the dispensary the palpebral fissure was much contracted. Tarsal conjunctiva injected and thickened; small elevations on upper lid; cul-de-sac shallow; cornea hazy, having a ground-glass appearance, mainly upper half, vessels running into corneal substance on margin. T. N. V., R. fingers counted 3 feet, L. $\frac{1}{70}$. After four weeks' treatment, the V., R. $\frac{9}{200}$, L. $\frac{15}{100}$. Treatment was then stopped, patient going back to work in a factory.

Mrs. H. B., æt. 49. About five years ago left eye got sore, apparently coming from cold. She has been treated in one of our Ophthalmic Institutions for two years. Left superior lids droop. conjunctiva palpebral, and of cul-de-sac, injected and thickened. Cornea shows circumscribed gray elevations, opaque infiltrated upper segment, ciliary injection. T. N. V., R. $\frac{15}{200}$, L. $\frac{15}{100}$. After five weeks' treatment she was discharged with V., R. $\frac{15}{200}$, L. $\frac{15}{100}$.

Miss Emma C., æt. 21, came to us with trachoma et pannus. The photophobia was so great that she had to be led in from her ward in the hospital for treatment. Two years before, she says, her eyes became affected. Now, the palpebral conjunctiva is granular in appearance, with cicatricial bands. Bulbar conjunctiva markedly con-

gested; ciliary injection; upper part cornea hazy, more marked in right eye, with a number of hazy spots at outer inferior portion of cornea, right eye. T. N. V., R., fingers counted at 4 feet, L. $\frac{5}{20}$. Under treatment five weeks her V., R. $\frac{1}{7}$, L. $\frac{1}{5}$.

These four cases I have selected from many that have been treated with just as good results, since the method was adopted, and hope will help to prove that the method has enough advantage to merit its trial in cases where surgical measures are not feasible.

A FEW THOUGHTS UPON THE TEETH.

BY AUGUSTUS KORNDORFER, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society, State of Pennsylvania, September, 1894.)

PROBABLY no diseased conditions within the scope of the physician's duties are more generally neglected, or more fully relegated to the care of another, than those belonging to the teeth.

True, of late years some attention has been aroused and some earnest thought bestowed thereon; nevertheless, there is a marked disposition on the part of the profession to ignore this entire department of medicine, relying solely upon local and mechanical treatment for the relief of all affections of the gums and teeth.

They too frequently overlook the constitutional basis upon which these affections rest, and consequently fail to employ efficient means for their eradication. This defect should not continue. The physician should see in each case of dental disease, or malformation, nature pleading for help. Any imperfection in the development or conformation of the teeth points unmistakably to a systemic defect, and as such merits the interest and concern of the physician.

Hereditary syphilis, sycosis and psora often place their indelible impress upon the teeth. Should not such marked indications be heeded?

While laying great stress upon the medical treatment, let it not be forgotten that the dietetic and mechanical means must not be neglected, for it is only through the combined aid thus afforded that the best results can be attained.

It is a well-proved fact that diseased teeth, as well as badly-crowded teeth, may be the immediate cause for serious reflex symptoms, therefore, in all such cases, after taking a complete picture of

the disease for the purpose of selecting the specific remedy, we should promptly remove the direct exciting cause through appropriate mechanical means. These reflex symptoms frequently afford valuable aid in the selection of the homœopathic curative agent.

Time alone might prove sufficient, but experience proves that much suffering, as well as time, may be saved by the judicious employment of the appropriate homœopathic remedy.

Parenthetically I would remark that it is taken for granted that every patient will be instructed in the proper care of the teeth. Not the rough scrubbing with a harsh brush, aided by a gritty tooth-powder, so frequently employed by the ignorant, but a gentle brushing, at least once daily, with thorough rinsing of the mouth and cleansing between the teeth after each meal. For this latter purpose "dental floss silk" is preferable. As to powder, which should be but infrequently used, there is probably no better substance than precipitated chalk. The occasional, even daily, use of a pure olive oil soap with the brush is desirable.

Accumulation of tartar should be carefully guarded against; this is especially necessary if the tendency is to form near the gum, or to burrow under the same. The pressure thus exerted upon the gum, as well as the interference with the normal relationship of the soft parts to the bone structure, results in atrophy of the gums, which, in turn, is speedily followed by loosening of the teeth; all of which may be avoided by properly directed mouth hygiene, plus the indicated homœopathic remedy for the correction of the diathetic cause.

Decay should always receive prompt attention, as the presence of such diseased teeth must necessarily prove detrimental to digestion, not only from the unavoidable absorption of putrid matter thrown off in the process of decay, but from the imperfect mastication consequent upon the over-sensitive state of the teeth.

To secure the best results, a reliable dentist should be consulted once or twice annually. Thus teeth even very imperfect in structure may be preserved for many years.

To the physician, however, belongs the duty of correcting all systemic defects which tend toward the destruction of the teeth. The detailed treatment for such conditions would lead me into too lengthy a dissertation for my present purpose; therefore I will content myself with giving expression to but a few thoughts, hoping that discussion will bring out many more.

Lest there be some misunderstanding, it might be well to remark that treatment, even if applied during infancy, will not remove the

tooth deformity ; it will, however, improve the texture of the teeth, and on the development of the permanent teeth, if treatment has been judiciously employed, a marked improvement, not only in appearance but more especially in durability will be manifest.

All gastric disturbances should receive prompt attention ; and acidity of the mouth kept under control by both hygiene and medical treatment.

Among the remedies most frequently indicated in diseases of the gums and teeth dependent upon faulty diatheses, we may mention ; merc. sol. H., merc. cor., calc. carb., calc. phos., magn. carb., silic., sulphur, thuja, carb. veg., aurum, fluoric acid, kali iod., kali phos., hecla lava, antim. crud., hepar, iodine.

Where *mercury* is indicated we find the tendency to spongy swelling of the gums, burning of the gums, ptyalism, teeth blacken and decay, inflammation of the periosteum of the root, teeth loosen. Atrophy of the gums, especially of the teeth of the lower jaw. The signs of hereditary syphilis may be observed in the so-called "Hutchinson teeth."

These form general indications for all the mercuries. Special characteristics should be looked for in the systemic symptoms in order to select that one remedy which is especially suited to the individual case. Thus in children we frequently find gastro-intestinal catarrh, or, entero-colitis with the characteristic green bilious frothy stools ; or, yellow stools ; or, stools looking like chopped eggs ; the discharges are acrid, excoriating, and often bloody. Such conditions if accompanied by marked rectal tenesmus will call for the *merc. sol.* If however the tenesmus involves both rectum and bladder with excessive acidity of the discharges the *merc. cor.* acts a better part. There is also a greater tendency to renal involvement with accompanying dropsical symptoms in the *merc. cor.*, than in the *solubilis*.

Calcareo carb.—In psoric cases every thoughtful prescriber has observed the remarkable effects of the lime salts upon the growth and development of the teeth. The carbonate is indicated in children of decided leuco-phlegmatic temperament ; they are usually pale and anæmic, inclined to sweat, especially to sour smelling head-sweat ; the gums are swollen and bleed easily ; there is an extreme sensitiveness to drafts of air. Teeth decay early.

Already before the eruption of the milk teeth we are led to think of this remedy owing to the multiplied difficulties preceding dentition. Children suffering from eclampsia, intestinal, or other ca-

tarrhal affections, cholera infantum, marasmus, as well as rachitic subjects often call for this remedy.

Fistula dentalis may call for the *calcareæ carbonica*. Do not forget that *silicea* and *fluoric acid* follow it well in the order named.

Calcareæ phos.—Frequently indicated in cases somewhat similar to the carbonate but they are more sallow or even swarthy in complexion. Children who grow rapidly in height but remain weak and emaciated. The teeth are either cramped in the maxillæ or are rough on the surface presenting even a honeycombed appearance; or, they may have serrated edges, and are usually slow in development.

Magnesia carb.—This remedy has many symptoms in common with the *calcareæ carb.*, but a careful analysis, especially of the bowel symptoms will guard against mistake. The *green frothy* sour smelling stools of the *magnesia carb.*, are never found in the *calcareæ*. Again, the usual lack of skin symptoms in the *magnesia* in comparison with the *calcareæ* and further the aversion to uncovering in the *magnesia* over against the desire to uncover of *calcareæ*, as well as many other minor dissimilarities, will make the choice both easy and positive.

Magnesia mur. has many points of similarity to the carbonate but the bowels are almost invariably constipated and there is an entire lack of the sour taste, vomit, stools and sweat, so characteristic of the carbonate.

Magnesia phos. may be indicated when the teething process is accompanied by excessive pain, or spasms. Nervous symptoms predominate.

Silicea is often indicated in children, head large and sutures open; much sweat about the head; sweat sour smelling and offensive, more offensive than in *calcareæ*. The body is emaciated but the abdomen is large, the gums are sensitive and blistered, during dentition.

Thuja will be indicated in those sycotic cases where the teeth decay around the neck leaving the crown apparently sound; the teeth crumble and turn yellow. (Compare *mezereum*).

Hecla lava has proved of benefit in difficult dentition, in scrofulous, or rachitic children; it has also been serviceable in syphilitic conditions of adults. It is a remedy worthy of more thorough study.

Among the most important remedies for the receding of the gums will be found: *antim crud.*, *causticum*, *carbo veg.*, *cistus*, *dulcamara*, *kali carb.*, *kreosotum*, *mercurius*, *mezereum*, *phosphorus*, *sulphur*.

These few indications are given, not because they comprise the whole sphere of action of the remedies mentioned, nor is it desired to call attention to these remedies to the neglect of many others, invaluable in these affections; but simply to emphasize the importance of constitutional treatment in this class of diseases.

AN OBSTETRICAL CASE WITH DOUBLE VAGINA AND UTERUS—COMPLICATED BY ECLAMPSIA.

BY EDWARD W. MERCER, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society, State of Pennsylvania, September, 1894.)

MRS. C.—, came to me August 12, 1887, with the following history: Aged 30, single (at that time), menstruation regular; flow began when 13 years old, lasts five days, is profuse and accompanied by severe pains, which have been constant almost since she began to menstruate. There is also a profuse and constant leucorrhœa.

During the intervals between the periods she complained of some abdominal pain and backache, and besides these there was rather an unusual train of reflex nervous symptoms, such as generally accompany uterine disorders.

She had previously had treatment for the dysmenorrhœa. At one time, soon after she began menstruating, her physician "had cut something," saying, "there was a partial closure of the passage." This was followed apparently by some relief. An examination revealed a piece of mucous membrane about an inch long protruding from the vulva. This, I supposed, was a part of the hymen which had been cut through and become hypertrophied. The vagina was rather small, but otherwise apparently normal. The cervix was small and acutely flexed. There was present also a catarrh and quite an extensive cervical erosion.

To the right of and attached to the cervix there was a small hard round body, which I supposed was a fibroid, although in a somewhat unusual location. Having arrived at this conclusion, I began the treatment. I had painted the canal and eroded cervix with tinct. of iodine, using for this purpose a cylindrical speculum. Upon leaving my patient for an instant the speculum slipped from the vagina, which proved to be a very fortunate accident, for upon reintroducing it I was surprised to find a cervix entirely free from the stain of iodine and identical with the one previously treated.

On making this discovery I renewed my investigation and found that there were two vaginal canals and two uteri, the lump felt to the side of the cervix being the cervix on the other side. The vaginae were of nearly the same size and the septum only deficient at the lower part, which deficiency was supplied by the piece of mucous membrane, which had been divided, left hanging from its posterior attachment. The second cervix was treated as the other had been and the patient was informed of the malformation and of the probable difficulties of parturition.

I continued to treat her at intervals during the next few years—until the autumn of '92, when, after an absence of a number of months, she informed me of her marriage. For the next year I saw very little of her, but was visited by her in October, 1893; at this time she had missed two menstrual periods, the last having occurred August 15th. On making an examination I was able to diagnose pregnancy in the right cornua and calculated May 22d as the probable date of confinement. Measurements of the pelvis at this time were: between the anterior superior spinous processes $23\frac{1}{2}$ c.m.; crests 26 c.m.; trochanters 32 c.m.; external conjugate $18\frac{1}{2}$ c.m. This showed a shortening of the transverse diameters of about 3 c.m. or 1 inch; of the antero-posterior of $2\frac{3}{4}$ c.m., or almost $\frac{3}{4}$ of an inch; a rather small pelvis, but one admitting of the passage of the normal foetus under ordinary circumstances.

From this time on the patient was kept constantly under observation, and urine examined at frequent intervals. This was especially done, as there was a history of her mother and a sister having had convulsions during childbirth.

With the exception of an attack of bronchitis in January and some gastric disturbance, the patient suffered little during her pregnancy until the night of May 6th or about two weeks before the expected confinement, when I was hastily summoned for what was supposed to be the beginning of labor. I found my patient having some abdominal pain, very nervous and greatly disturbed by the fact of her nurse having left the city for a few days' sojourn at the seashore. To this I attributed most of her symptoms—for upon making an examination I was unable to find any evidence of on-coming labor. Assuring her on this point she seemed greatly relieved and I left her.

The next morning I was again called but while making preparation to respond it occurred to me that the last specimen of urine left 36 hours before had not yet been examined. Although the weekly ex-

aminations had shown this to be normal and there never had been any œdema, I hastily made the cold nitric acid test and was surprised to find a decided ring of albumin.

Upon my arrival I found the patient in an unconscious condition and that she had had three convulsions—the first at 6.30, the second at 7.30, and the third at 8 o'clock. With the catheter I drew from the bladder a small quantity of dark-brown urine which completely solidified on boiling. Despite my efforts to relieve the toxic condition and to prevent further convulsions, at 9.45 the patient had another. However, the interval between had been increased more than an hour. Encouraged by this fact, I continued my efforts, but at 12.15 she had another convulsive seizure.

During all this time efforts were being made to secure a nurse. I also sent for Dr. Weaver to administer an anæsthetic that I might deliver as rapidly as possible, believing this to be the surest means of preventing further convulsions.

There was a head presenting, but labor had not commenced.

The question which now confronted me was the best course to pursue. I finally concluded, having a moderate sized fetus and pelvis but slightly below the normal, that it was possible to deliver with the forceps or by version. Under chloroform, I began rapid dilation with that object in view, but as the cervix dilated the upper portion of the vaginal septum was lacerated and separated from its cervical attachments, so that by the time dilatation was sufficient to admit of one or other of these procedures I believed that from either there was danger of tearing into the cul-de-sac or bladder, for as soon as the mucous membrane was torn through, the underlying loose connective tissue offered little resistance.

This left but two ways out of the difficulty, craniotomy on the living child or Cæsarian section. Upon explaining the matter to the family, they favored, as did I under the circumstances, the former operation, and with comparatively little difficulty the patient was delivered, especial care being taken to empty the cranium well in order that the soft parts should be endangered as little as possible by over-distension. And by a subsequent examination I was not able to determine any considerable increase in the lacerations, except the septum, which had been divided through its entire length.

After coming out from under the influence of the chloroform, the patient remained in a more or less profound stupor, but had no recurrence of convulsions. A small quantity of very dark urine, removed five or six hours after the operation, showed albumin prac-

tically the same as before delivery and contained hyaline and granular casts and renal epithelium. The after-treatment consisted of free administration of milk and large quantities of lithia water. Mild purgation for the first twenty-four hours, and douches of bichloride of mercury 1 to 4000 twice daily. By noon next day there had been eight ounces of urine drawn from the bladder much improved in character, urea proportionately increased and epithelial elements diminished. The mental condition began to clear up; stupor was less profound, but consciousness was not regained until the third day.

From this time an improvement was steady; urine was passed voluntarily in increasing quantities, the abnormal conditions disappearing. It was not, however, until after the fifth week that the albuminuria disappeared.

Just what the malformation was in this case I am unable to say, but I presume it was either an "uterus didelphys" or an "uterus bicornis duplex," and there was a possibility, had there not been the complication of eclampsia and could there have been more time allowed for the dilatation of the soft parts surrounding the cervix, that the delivery might have been a perfectly normal one.

VANISHING FACTORS IN EPILEPTIC ÆTIOLOGY.

BY WESTON D. BAYLEY, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society, State of Pennsylvania, September, 1894.)

THAT the number of cases of supposed idiopathic epilepsy is steadily growing less indicates that we possess a more complete knowledge of the pathology of fits and that a more careful search is being made for causes. There yet remain, however, a lamentably large proportion of cases of undiscovered origin, so that any additional facts bearing on the ætiology of this dread affection will be received with much interest.

In searching for a cause in epilepsy too much stress cannot be laid on the repeatedly verified clinical fact that convulsions due to a definite cause are very prone to produce the *epileptic habit*, in which the seizures persist long after the original causes have disappeared.

That a large proportion of epilepsies considered as idiopathic have taken origin in this manner is a fact which every observant clinician must verify. And it is the purpose of this paper to briefly mention

some of these original causes with the hope that they will be more fully elaborated in the discussion, and thus, perhaps, we will be aided in the *prevention* of a disease which we so often find well nigh incurable.

Remembering that about three-fourths of all cases of so-called idiopathic epilepsy begin before the twentieth year, our attention is at once directed to the disease-producing factors in the environment of childhood and youth.

In about twenty-five per cent. of the cases which I have examined the records give a history of spasms in infancy, due principally to gastro-enteric troubles, but mostly attributed to that great physiological bugbear, "teething."

Now, in some of these cases, the convulsions continued immediately as typical epilepsy, while in others there was an interval of time between the primary convulsions and the subsequent onset of the regular seizures. But it is probable that in the great proportion of these cases the epileptic habit was engendered by the incidental infantile eclampsia. This brings us to a consideration of our first disappearing cause of epilepsy and transfers the cause of many supposed idiopathic cases back upon the original cause of the eclampsia; or, in other words, to go directly to the prime origin of many cases of epilepsy, we find it in parental ignorance.

The average mother knows as much of the proper management of a child as she does about the care of a rhinoceros. And how could she know more when a false and artificial modesty leaves her education in this respect to some old whimsical grandmother, whose ideas of infant feeding would be absurd if their results were not so pathetic. But we do not wish to discuss this further than to make clear that vile habits of infant feeding are responsible for the great majority of cases of infantile eclampsia, and that eclampsia so caused is very apt to and does repeatedly result in an epilepsy which, search as you will, must be called idiopathic.

The next important disappearing cause of epilepsy is cerebral trauma, and on this subject there are many existing superstitions which we would well be rid of. Many serious brain injuries, vaguely classified as "concussions" because the symptoms correspond to the "concussion" column of those worthless tables found in some surgical works, are really instances of definite lesions which subsequently set up sclerotic brain changes. A depressed fragment of bone, a sprung suture, a meningeal hæmorrhage, and probably the shock of actual concussion, act as immediate irritation or, more

often, causes fits by first inducing tissue changes, which impair the nutrition and perturb the function of those delicate residences of thought and kinetic action.

These injuries of children may occur and do occur without much external evidence of violence, and the symptoms may not appear of sufficient gravity to cause the parents to remember the occurrence. The secondary brain changes silently progress until local brain nutrition is impaired, instability of function results, and thus the patient has fits established with the evidences of the nature of their cause completely lost.

A third cause of epilepsy which can almost completely disappear, is infantile cerebral hæmorrhage. The hemiplegia can clear up so entirely as to be almost impossible of detection. The fits may be general or have a focal beginning. Sometimes the irritation of the shrinking clot results in Jacksonian attacks, or focal epilepsy, which mislead one into the belief that there exists cortical brain disease. But again I assert, the attacks with this cause may be of the character of typical epilepsy.

Epilepsy has been established by uræmic convulsions, and has continued thereafter as an independent affection, when repeated and painstaking urinary examinations have apparently demonstrated a complete restoration of kidney health. In the absence of a good history, the later investigation of such cases would almost always lead one to pronounce the epilepsy idiopathic.

Thus without even mentioning the many hereditary evils which play their ætiological part, we have reviewed some of the conditions which time after time result in the production of continued fits. It is obvious therefore, that after satisfying ourselves that a given case is genuine epilepsy, further investigation must be in the line of a rigid and thorough search for a cause. Often the history is sufficiently clear for us to find one with a tolerable degree of certainty; but many, many times the important data have passed unobserved or have been forgotten, and one more case enters our note book—epilepsy—cause, unknown.

Keeping ever in mind the ease with which transient causes establish the epileptic habit, our therapeutics should be thoroughly applied to them, and should consist of many medicines which do not come out of bottles. The proper education of women for the responsibilities of maternity, the wide dissemination of common sense principles of infant hygiene; the prompt removal of all sources of peripheral irritation in the child; the insistence on, I had almost

said, aggressive surgery, in doubtful cases of head injury. These are only some of the measures which should be generally adopted in order to prevent the entrance into the body, of convulsive devils, which with our limited magic, we are so often unable to cast out.

RECURRENCE OF CARCINOMA OF THE BREAST.

BY WALTER STRONG, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society, State of Pennsylvania, September, 1894.)

THE length of time that a patient may enjoy immunity from a recurrence of carcinoma of the breast after removal, is a problem of overwhelming interest to both patient and surgeon. Upon this question there is a wide diversity of opinion, some surgeons having expressed the opinion that carcinoma of the breast will always be found recurrent after removal, while in broad and striking contrast to this statement, others have expressed their belief in the permanent cure of the disease after operation. In presenting this paper to the Society, it is with the hope that it may lead to a thorough discussion of this most important subject.

Recent statistics (Billings) have demonstrated that carcinoma is a disease which is slowly increasing, and that there are annually over 14,000 deaths in the United States from it, of which a large proportion affect the breast, for it is now claimed that the female breast is the most common seat for carcinoma (Thomas and Munde). When it is considered that of all cases of carcinoma of the breast one-half die within three years, and one-third within two years, and that of all cases treated by operation 75 per cent. recur within three years, some idea can be formed of the importance of this subject.

If after operation, there be no recurrence within three years, such a case is considered a "cure," and for the purpose of establishing some fixed rules regarding the recurrence of malignant diseases, this period of time is accepted by all writers upon this subject, although there are numerous cases upon record in which there has been a recurrence of this disease after a much longer period of immunity, Dr. Verneuil, of Paris, having reported a case in which there was a recurrence in the scar thirty years after operation; but such cases are so rare that for all practical purposes the three-year limit answers

the purpose as well as a much longer period of time, for possibly 2 per cent. would represent those cases in which there is a recurrence after three years have been successfully passed.

The results then of operative interference in carcinoma of the breast gives us a cure in 25 per cent. (Dennis) of all cases so treated; the 75 per cent. of recurrences is high, but I think represents approximately the general average if all cases are taken into consideration. The mere fact that in a certain proportion of cases there is no return of the growth, points logically to the conclusion that in the remaining cases there has been either some defect in the operation, or that there has been unreasonable delay in operating. In this paper it is my purpose to call attention to certain factors which materially influence the recurrence of this disease.

Recurrence of carcinoma of the breast is influenced to a considerable extent by the period of time elapsing between the first appearance of the growth and the time of the operation. In looking over the records of those cases in which there has been no return of the disease, one cannot fail to note the fact that in nearly every case the operation was performed at a very early stage of the disease; at a stage when there was very slight, if any, involvement of the axillary glands. I do not think that too much stress can be put upon the necessity of an early diagnosis in this disease, nor do I consider that any argument upon this point is necessary, for I think that all will agree that the earlier any given case is operated upon the less will be the chance of a recurrence of the growth. Early diagnosis, I think, can readily be made in the vast majority of the cases, and wherever there has been any reasonable doubt in my mind regarding the diagnosis of any case, it has been my custom to advise what we might term an exploratory incision into the suspicious breast, explaining to the patient that if it proves to be nothing but a simple growth it can be readily removed, while if it be an induration of the tissues, the incision which I would make would cure the disease, and if it be of a cancerous nature, now would be the best time to operate. If such an argument be properly presented to an intelligent patient she will usually allow the incision to be made. With our present improved methods of surgery I think we are abundantly justified in giving such advice.

Recurrence is influenced by the character of the operation itself, for any operation which fails to completely remove all carcinomatous tissue will surely be followed by a recurrence of the disease. No fixed rule can be given regarding the extent of an operation neces-

sary for the cure of this disease, for while it is true that the object sought for in each case is the same, the removal of all carcinomatous tissue, the operation necessary to accomplish this will vary in nearly every case. Possibly, in some very favorable cases, this may be accomplished by simple removal of the breast, while in other cases an operation of a most radical nature will be required, as, during the past year, I have found it necessary in two cases to remove a considerable portion of the pectoral muscles; but I think we have what we may term a standard operation, an operation which is radical enough to meet the requirements of nearly every case, and at the same time not too severe for the most insignificant growth, this operation consisting of the removal of all breast tissue, together with the covering skin, and extirpation of the axillary glands, whether they be affected or not. This brings me to a consideration of the treatment of the axilla, a question upon which the surgical world is far from being united, some surgeons being of the opinion that removal of these glands is never warranted, arguing that if they be affected in the disease the case is a hopeless one, while if they be not involved their removal only adds to the danger of the operation; while other surgeons believe in extirpation of the axillary glands in every case as a routine practice. Personally, I am in the habit of opening the axilla and removing the glands in every case. It is true that such a proceeding adds somewhat to the danger of the operation, but, at the same time, the surgeon must not lose sight of the fact that he is dealing with a disease which tends rapidly towards a fatal issue; and if the removal of these glands is to be of any advantage to the patient, I think we should not hesitate to assume the additional risk. I am of the opinion that the removal of these glands is a decided advantage. If the glands be involved in the disease, their removal is imperative if we look for a cure of the disease, and that they are involved in nearly every case has been proven by Kuster, who examined the glands removed from one hundred and seventeen cases, and was able to demonstrate, by means of the microscope, that in all but two the glands were involved. In examining the axilla before operation, it is impossible to say that there is no enlargement of the axillary glands, for experience has shown that there may be considerable enlargement of these glands when such is apparently not the case from a careful examination before operation. Even if there be no involvement of these glands, I think they should be removed, for we know of the marked tendency of this disease to extend to them, and if the axillary glands

be removed it materially lessens the chance of a recurrence of the growth in the axilla.

Another important point in this operation is the removal of all breast tissue; for allowing any such tissue to remain offers a most favorable site for a recurrence of the disease. Some have explained in this way those cases in which there has been a recurrence after a long period of immunity. Removal of the pectoral fascia is also said to lessen the chances of a recurrence, for Halstead has demonstrated that this structure is frequently involved in the disease.

Mr. H. J. Stiles, of Edinburgh, has recently devised a method of treating the excised portion of the breast with nitric acid, which enables the surgeon to see at what points there is carcinomatous tissue exposed, and enables him to remove a corresponding portion from the wound. This method I have used with good results in some of my hospital cases. It requires an extra assistant to treat the breast, and occupies about as much time as is required to clear the axilla.

The mortality following this operation is now placed at 5 per cent. (Treeves), which is considerably less than that of a few years ago, but which I am still inclined to regard as rather high; for with the present methods of surgery no patient should die from hæmorrhage, septicæmia, or any of the remote results of the operation. This high mortality is, I think, due to operations performed upon advanced cases of the disease where the patient is so weakened by the disease as to be unable to stand the shock of the operation; in well selected cases I see no good reason why this mortality rate should not be materially reduced.

The dangers of secondary hæmorrhage following this operation have been impressed upon my mind by a case upon which I operated recently. After the operation the patient was very restless, and during the night managed to dislodge a ligature from a vessel of considerable size. This was followed by a severe hæmorrhage, which saturated the dressings and part of the bed, but, fortunately, the resident physician discovered the fact, removed the dressings, and applied a hæmostat to the bleeding point, which I allowed to remain until it came away with the dressings upon the third day, and at exactly this point there was a recurrence of the growth two months after operation. Whether the irritation caused by that artery clip had anything to do with the rapid return of the growth or not is a question in my mind.

Recurrence is influenced by the character of the growth itself. That some varieties of carcinoma are more likely to recur than others there can be no doubt. Dennis, in an excellent article upon this subject, has expressed the opinion that this is the most important cause of recurrence, and that he was able to predict a recurrence in some cases by the histological character of the growth. Tumors which show structures departing but slightly from the normal are not so likely to recur as those showing a greater departure from normal. Much has been written lately regarding the parasitic origin of carcinoma, a theory which in itself is far from being new, but the facts which tend to substantiate it are quite recent, and while the evidence upon this theory is becoming stronger and stronger, it is far from being an established fact. But if this is found to be correct, possibly in the near future there will be some radical changes in our present mode of treating this disease.

Recurrence is influenced by a peculiar predisposition in certain individuals to the development of carcinoma, it being more common in females than in males, and more common among whites than among the colored race, and twice as common among the foreign-born of the United States as among the native-born. Age indirectly affects the recurrence of this disease—recurrence being more common in those cases occurring between the ages of 45 and 60 than those occurring at an earlier or a later period of life. Carcinoma of the breast developing during pregnancy or lactation runs a very rapid course and is prone to recur. I have met with one case in which the tumor was first noticed during lactation, and this case was very rapid in its course, and carcinoma developed in both breasts. After the removal of one breast the patient succumbed to carcinoma of the liver.

Marriage, child-bearing, traumatism and heredity have all been mentioned as predisposing to a recurrence, but each in its turn has been disputed, and the weight of evidence appears to be in the negative.

Recurrence is not infrequently due to irritation of the scar left by the operation, and recurrence occurs so frequently in the scar that great care should be exercised by the patient to protect the scar from all irritation. Warren, in a recent article upon cicatricial tissue, has shown that there is a marked tendency for carcinoma to develop from scar tissue, and Vollmann has reported 128 cases of carcinoma developing from scar tissue. So that I am of the opinion that all scars resulting from this operation should not only be carefully

watched, but so soon as they become inflamed should be promptly excised. Recently I was consulted by a patient who had the left breast excised four years ago. The resulting scar was not very extensive, but had always been painful and at times very red. Upon examination, I found the scar very much inflamed, painful and commencing to ulcerate. I advised operation, excised the scar, and, by means of sliding flaps, closed the wound. Such a case, if allowed to go on, would surely result in a recurrence of the disease.

The treatment of recurrent carcinoma of the breast is upon the same principles as that of the primary growth, and so soon as a secondary growth makes its appearance, it should be promptly excised. In excising these secondary growths it is well to excise also an area of sound tissue, so as to go beyond all suspicious tissue, and if the growth be situated in the scar and adherent to the tissues beneath, I think it is not only advisable but imperative that we also excise a portion of the pectoral muscles. Such a step adds very little to the danger of the operation, and unless very extensive, does not impair the motion of the arm, and certainly lessens the chance of another recurrence. All cases in which there is a recurrence of the growth are by no means hopeless, for it frequently happens that more than one operation is necessary to completely eradicate the disease. I am a firm believer in the local origin of carcinoma and such being the case, do not consider any case hopeless so long as there is a possibility of successfully removing all carcinomatous tissue.

Unfortunately a large number of cases are so far advanced when they reach the surgeon that a successful operation is out of the question. In such cases what treatment are we to advise? And can an operation in such a case prolong life? In all cases of atrophic carcinoma an operation is out of the question; such cases run a very slow course, and the patient is usually of such an age that an operation would not be justified, besides these growths are prone to recur and the recurrent growth usually takes on a more rapid course, in which case an operation would only hasten death. While if such a growth be left to itself the patient may live a number of years, and the tumor decrease in size or even disappear (Gross), but even if such be the case death usually results from involvement of some of the internal organs, and a post-mortem invariably reveals secondary deposits in the viscera.

With the exception just mentioned, and if the patient's general health be fair, I think we are justified in advising an operation in most cases, not with the hope of a cure, but with the object of pro-

longing the patient's life and make them as comfortable as possible under the circumstances. Such an operation should consist of the removal of as much of the carcinomatous tissue and neighboring lymphatics as is possible without risking the life of the patient, and it is surprising what results are often obtained by such operations even in very unfavorable cases. Last November I operated upon a case so far advanced that there was considerable swelling of the arm, forearm and hand of the affected side, due to pressure of the enlarged axillary glands upon the axillary vein; in this case I removed the breast and cleared the axilla. The wound healed promptly and the swelling in the arm disappeared; the patient's general health improved and she felt so much encouraged that a few months afterwards I removed a recurrent growth from the scar, but as I had predicted at the time of the first operation the case is a hopeless one, and when last seen, a couple of weeks ago, there was some slight swelling developing in the arm, which will no doubt gradually increase and the patient eventually succumb to the disease. In this case I think that the operation has not only prolonged life but greatly relieved the patient's suffering.

For inoperable cases or where an operation is refused, various methods of treatment have been advised, all of which are equally satisfactory. Among the more recent being inoculation of the tumor with the virus of erysipelas, a method which I have not tried, but from which brilliant results have been obtained by other surgeons, but which is more suited to cases of sarcoma than carcinoma. Hypodermic injections of various chemical agents, such as pyoktatin and salicylic acid, have been advocated, but the value of these are still in doubt.

Regarding the treatment of this disease by means of internal medication there is very little to be said. Cases have been reported from time to time in which there has been an apparent cure from medical treatment alone, but such cases are so comparatively rare that little dependence can be placed in them. From our present knowledge of this disease I think our plan should be to operate first and early, and limit our medical treatment to the prevention of a recurrence.

LEDUM PALUSTRE IN THE HÆMOPTYSIS OF CONSUMPTION.—Dr. P. Jousset, of Paris, reports a case of very grave hæmoptysis in a consumptive of forty-eight years, who bled so freely from his lungs that ligatures around the extremities were necessary. It was treated with success with large doses of the mother tincture of ledum palustre. Dose, twenty to thirty drops per diem.—*L'Art Médical*.

PARALYSIS OF THE CRICO-ARYTENOID MUSCLES WITH ILLUSTRATIVE CASE.

BY R. H. EDMONDSON, M.D., GALLUP, NEW MEXICO.

Definition.—Inaction of the abductors on either side, causing the vocal cords to remain near the median line on attempted inspiration, and giving rise to dyspnœa and stridulous breathing.

History.—The fact that paralysis of the abductors of the vocal cords may give rise to serious dyspnœa, was early recognized by Etmuller,* and the loss of power of these muscles was alleged by Dr. Ley† to be the essential cause of laryngismus.

Trousseau‡ subsequently referred to *this condition* as a probable cause of the occasional difficulty with the canula after tracheotomy, and it has been recently noticed by Prof. Gerhardt, in a boy in whom that operation had been performed. To the same distinguished physician belongs the honor of first (1863) observing a case of abductor paralysis with the laryngoscope.

Etiology.§—Very obscure. Often resulting from injury|| due to their exposure. Rheumatic fever, muscular exertion, irritating fluids, vapors, and laryngeal catarrh and hysteria.

Symptoms.—Great inspiratory dyspnœa, much increased on slight exertion and accompanied by great stridor in sleep. Phonation on inspiration only, and hoarseness is present.

Laryngoscopic Appearance.—On inspiration instead of the vocal cords being abducted from the median line, they remain nearly approximated, the aperture varying from 1 to 3 lines. Forced inspiration causing closure of aperture, the reverse in forced expiration.

If the paralysis is not complete, the cords remain approximated in their anterior three-fourths but separate posteriorly.*

Diagnosis.—Is easy. Differentiate from spasm of abductors. *Stenosis.* Foreign growths. Gower suggests spasm, a temporary paralysis of abductors.

* *De Suffocatione Convulsiva*, vol. ii., p. 226.

† *Laryngismus Stridulus*, London, 1836.

‡ "Clinical Medicine," *New Eng. Soc. Trans.*, vol. ii., p. 609.

§ Osler and McKenzie.

|| Otis notes a case following impaction of a piece of meat at orifice of œsophagus, when it pressed on the abductors for twenty-four hours.

Pathology.—McKenzie* had three cases, in which he found changes in the muscles after death, with no deterioration of nerves or brain tissue. In one, the abductors were pale, thin and atrophied. In another, signs of fatty degeneration were present, while in the third, but little of the muscular tissue was left, the few fibres remaining being bathed in pus. In my case, the muscles were pale and somewhat atrophied.

Prognosis.—Generally serious. Tracheotomy or intubation usually necessary. McKenzie relates a case in which he operated, and the patient wore a canula for twelve years, patient otherwise being in perfect health. The case I will mention was similar.

CASE I.—On Saturday, Feb. 4, 1893, Lewis Myers, 16 years of age, had a delicate operation performed. Lewis was playing ball and becoming heated removed his coat and sat down to cool. He caught cold and his throat beginning to swell rapidly his condition was deemed serious, and the operation of tracheotomy was performed; after the operation his general condition improved, but till very recently he has been unable to do without the canula. Mr. Myers having tried several physicians, all having failed to cure his son.†

From the history of this case it will be seen, that patient was exposed to rapid change of temperature, resulting in membranous croup and paralysis of crico-arytenoid muscles. Tracheotomy giving relief, but the tracheal canula has embarrassed him since, from Feb. 4, 1893 to May 1, 1894. In the literature at hand but few similar cures are noted. As before stated Trousseau was the first to note this complication of the operation. O'Dwyer‡ mentions one case in which the canula could not be dispensed with under twenty-nine days. He mentions two other cases in which the tubes were retained owing to the development of granulation tissue springing from the antero-lateral aspect of the larynx. McKenzie§ notes a case of his, the patient being encumbered with the tube for twelve years. My case came under my care, April 1, 1894; the case had been diagnosed and treated by several physicians, for stenosis of larynx, catarrh of pharynx, etc. My idea from the first, was paralysis; the patient, however, was the subject of severe post-nasal and pharyngeal catarrh.

* McKenzie's *Dis. of Larynx and Pharynx*, N. Y., p. 331.

† Gallup, N. Mex., *Gleaner*, May 23d.

‡ *Annual of the Universal Med. Sciences*, 9-8, 1892.

§ *Pharynx, Larynx and Trachea*, p. 332.

Treatment was begun by the galvanic current in the region of larynx, and local treatment for the post nares and pharynx, consisting of sprays of lysterine. Through the courtesy of Dr. Horace F. Ivins, of Philadelphia, who advised either gelseminum or causticum, I was led to administer the former remedy in the first dilution, continuing other treatment; from time to time I stopped the canula by means of a cork and each time the patient breathed easier and longer. This, to my satisfaction confirmed the diagnosis, so after one month's treatment I brought patient to my hospital, removed the tube; since that time, nearly two months, he has been perfectly comfortable. I still have him under my care for the catarrh, which is improving.

THE INTRACIRCULATORY INJECTION OF SALINE SOLUTION.

BY H. L. NORTHROP, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society, State of Pennsylvania, September, 1894.)

IF we are to acquaint ourselves with all known means of saving life and of restoring health, as it is our duty to do, it is an absolute necessity that the subject of infusion shall be brought effectively and practically home to each and every physician constituting this Society's roll. For this reason I shall waste neither time nor labor in dallying with the history and literature of the subject, but will say at once that the intracirculatory injection of *fluid* will sometimes save life where every other known means will fail. Probably you are well aware of this fact, but I believe that you do not appreciate or realize its value, for among my acquaintances I can count upon the fingers of one hand those who make use of infusion, and will then have a finger or two left over.

Though considered by many strictly a surgical procedure, and therefore the province of the surgeon to employ it, intracirculatory infusion cannot be classified with any specialty. Are you, a general practitioner, a materia medica specialist, a high dilutionist, a surgeon, an obstetrician, a *physician*, ever called upon to treat cases of collapse after accident, operation, post-partum hæmorrhage, hæmoptysis, shock, or of acute anæmia or hæmorrhage from any cause? You are without a most potent remedy in such cases if you cannot employ infusion. In a serious case of collapse, especially where there has been loss of blood, all stimulants and combinations of stimulants are

of little or no value. Even if there is enough blood circulating to convey a hypodermic injection to the heart and vital centres, the injection has but little effect, if any, in sustaining the heart and giving tone to the collapsed vessels. The blood pressure has been lost and must be restored; the arteries demand fluid so that the arterial tension may be kept up. A solution of common salt in hot water, injected, supplies this demand.

The operation for infusion is almost invariably an emergency one. What are the indications for it? The symptoms of shock and acute anæmia, viz., pallor of the surface of the body and coldness of the extremities; "everything black" before the eyes; rapid, feeble, or absent pulse; dyspnœa and sighing respirations; thirst and restlessness. With the silver thread so nearly broken, treatment must be immediate and effective; there is no time for consultation or temporizing.

A further indication for the intracirculatory infusion of saline solution may be found in that serious form of cachectic anæmia (if the expression is permissible) accompanying any disease where there is a severe, sudden drain upon the system through the loss of fluids. Infusion is a rational, well-indicated procedure, for instance, in cases of exhausting diarrhœa and vomiting; the cholera morbus of infancy and Asiatic cholera have been successfully treated by it.

I furthermore wish to point out the value of infusion in cases of shock after operation, even though little or no hæmorrhage may have taken place. The utility of such treatment is explained by the fact that shock is caused by paralysis of the heart and vasomotor paralysis of the abdominal vessels. When such a paralysis exists a patient literally bleeds into his own veins, for the abdominal vessels suddenly dilate and lose their tonicity, causing a stagnation or accumulation of blood within the abdominal cavity, and a consequent anæmia of the brain and extremities, a condition simulating sudden hæmorrhage. The abdominal veins alone, if paralyzed, are capable of holding all the blood of the body. Now we can understand why an extra amount of circulatory fluid will improve our patient's condition and tend to overcome the shock.

At what point can we most satisfactorily and easily open the circulatory system and infuse what will now probably be a life-giving fluid? As a rule, one of the median veins upon the flexor surface of the elbow-joint. Let an assistant compress the arm above the joint in order to distend the vein as much as possible. Incise the skin over the vein, separate the latter from its surrounding fascia, and

secure it at the distal end of the wound by means of an artery clip or a ligature. Now pass a ligature beneath the vein at the proximal end of the wound and leave it untied until the canula is inserted. Hold up the vein by means of the clip or ligature at the distal end and make a longitudinal split in its wall large enough to easily admit the canula; insert the latter and tie the ligature above mentioned around vein and canula together. The operation is completed and the current of salt water should be immediately started. Hold the bowl of the infusion apparatus high or low according to the rapidity of flow required. Such, briefly, is a description of the simple operation for infusion.

The solution employed is made by dissolving common salt in water at a temperature of 115° to 120° , in the proportion of one heaping teaspoonful to the pint. A temperature of 100° was the one formerly given to the water, but I find that a higher temperature has a better and a more prompt effect. We must remember that pouring the water into the infusion bowl and passing it through the long tube must cool it to a certain extent. For this reason, in part, would I advise the use of water at a temperature of at least 115° —one which can be comfortably borne by the hand. Moreover, the patient literally needs warming up and the heart needs the stimulating effect of the heat. Use the higher temperature to aid in doing this.

Distilled water is to be preferred in making the solution, of course, but it cannot always be obtained. One of the most brilliant results I have had from infusion was in a case, which I shall presently detail to you, where hot water from the kitchen range was made use of. One need never be deterred from performing infusion because distilled water cannot be obtained. If no salt were at hand, and the emergency demanded it, I should not hesitate a moment to inject plain hot water. I do not believe that the salt is an all-important constituent of the solution.

More complicated solutions have been suggested and attempts have been made to imitate the normal blood serum. Such are mixtures of chloride, bicarbonate and phosphate of sodium, etc., but they seem to possess no advantages whatever over a simple salt solution.

It has been suggested that brandy, in the proportion of one ounce to each pint, be included in the solution employed. I have never used it in this way—in fact, hardly found it necessary—but it is a point worth remembering.

No rule can be given as to the quantity of salt water to be infused, but the best guide is the condition of the pulse. Use enough to restore its volume. The largest quantity that I have ever injected is six pints, which were administered in two- to three-pint quantities during a period of two hours. It is said that a quantity of solution, corresponding to the amount of blood lost, should be infused. But how are we to determine the quantity of blood lost? It is usually impossible to do it with even an approach to accuracy. If an error is made in using the solution, it is most apt to be in regard to its temperature and quantity. Make the water hot enough and use enough of it. It is said there can be no toxic quantity of the solution, but that there can be a toxic rapidity. A quart in fifteen minutes is the rapidity advised for the intravenous method; a pint in thirty minutes for the arterial method. I have usually infused somewhat faster than the time just given for the intravenous method.

When the pulse is again of good volume you will, at the same time, find that the appearance of the patient's face has improved, the lips have lost their pallor to a greater or less extent (and I have seen them become rosy-red), the restlessness and dyspnoea have diminished, and the extremities have become warmed. Stop the flow of the saline solution for the present, but be prepared to repeat the injection if the pulse again fails.

Besides the vein at the elbow, any convenient vessel may be selected. The radial artery has been opened; some advise piercing the femoral artery with a large hypodermic needle, used as a canula. Another method is to inject the solution into the loose cellular tissue of the abdominal wall in the inguinal region or inner side of the thigh, and it is remarkable with what rapidity the solution disappears when made to enter the circulation in this way. I have seen one case of this kind, the solution having been injected into the abdominal wall and the patient recovering nicely. Those who advocate this method claim that the slow flow of the solution more than compensates for the time required to open a vein. We must keep in mind one fact, viz., that if our case is a serious one and the patient is *in extremis*, there may not be circulation enough to absorb the fluid injected by this intracellular method.

Because infusion is sometimes made into the arterial and lymphatic systems, as well as the venous, I prefer to use the word "intracirculatory" instead of "intravenous." It covers all methods and is more accurate.

Sometimes, as, for instance, in children, the veins of the arm are very small, and in their collapsed condition are rather difficult to find, or, when found, they may be too small to admit the canula. In such a case a larger vein must be laid bare and opened. I have encountered this difficulty twice. Once in a boy fourteen years old, where the median basilic vein was too small to admit a large canula (the only one at hand), and the basilic vein had to be opened about the middle of the upper arm.

Another case, a girl sixteen years old, had veins so small that neither the median basilic nor the basilic would admit the canula, nor would the long saphenous vein as it dips into the saphenous opening just below Poupart's ligament. Accordingly, without delay, the femoral vein was opened, the saline solution injected, and the girl's life saved.

Although I have performed the operation for infusion ten times (with, by the way, nine recoveries), I do not intend to refer to my cases in detail. However, I wish to describe to you my last case, to which I have already made slight reference.

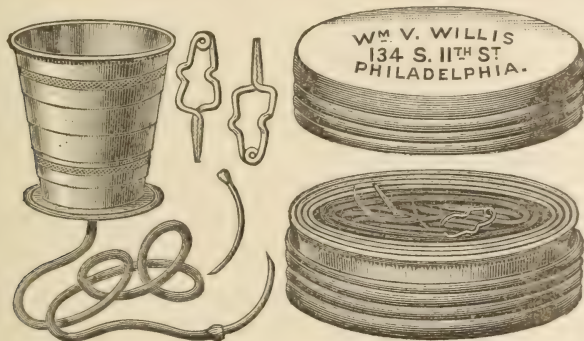
Mrs. —, two months pregnant, was suddenly seized with severe abdominal pains one morning while sweeping. She fainted, and was soon in a profound collapse—in fact, was next to dead. She rallied, however; was seized with pelvic pains twenty-four hours later; again collapsed; was the second time reanimated; and, in a state of semi-collapse, with almost constant vomiting and painful and distended abdomen, I saw her with her physician, Dr. W. K. Ingersoll.

We suspected extra-uterine pregnancy and decided to operate. When the abdomen was opened a large amount of black, fluid blood and many clots were evacuated, and their source found to be a ruptured ectopic tumor close to the fundus uteri. This was ligated and removed with tube and ovary, and the abdominal wound closed.

The patient's general condition did not seem to be aggravated by the operation and she held her own for four or five hours. Then, however, her pallor became more marked, her restlessness and dyspnoea increased, her pulse, poor to begin with, grew worse, and a clammy perspiration and coldness of the extremities appeared. The ordinary stimulants (brandy, nitroglycerine, strychnia, etc.), were used hypodermically, but mended matters only a trifle. At 1 A.M. her temperature was 102° and her pulse flickering between 140 and 160. Half an hour later the temperature has dropped to 98°, while the pulse had crept up to 180, and was of the poorest quality.

I felt satisfied that infusion was called for and ordered the solution of salt prepared. Again feeling for the radial artery, I found the pulse considerably improved, and decided to wait a few minutes. I walked into an adjoining room and back to the bedside of my patient, when I found her apparently in the last struggle.

A more complete picture of death will never be stamped upon that woman's countenance. It took but a moment to bring the salt solution, and seemingly but half a moment to cut through the skin and make an opening in the median cephalic vein, which was done, I must confess, with hands badly shaking. It could not have been more than thirty seconds from the time we began until a current of salt water was flowing into the vein. I would be more exact if I were to say *flying* into the vein, for the nurse held the cup of the infusion apparatus as high as the tube would permit, and the water



flowed rapidly. After five minutes had elapsed and a pint (or two, for aught I know) had passed through the infusion cup, I ventured to feel for the radial pulse. You can realize that I was astounded when I found it so full and strong that my finger was actually lifted up and down with each beat. It counted 144 to the minute. The saline injection was continued and, looking at the woman's face, I noticed her lips had become red, and presently an actual blush appeared in each cheek. The nurse took her temperature and found it had risen to 102° ; the stream of salt solution was stopped—about three pints having been injected. The rubber tube was closed with a clip, and the apparatus left in position. It had to be used a second and a third time during the night, each time overcoming a collapse less serious than the first one. The patient is alive and in good health to-day.

In concluding this part of my paper, permit me to ask a ques-

tion: What, other than an intravenous injection of fluid, would have saved this woman's life?

Infusion apparatuses found in the market are bulky and needlessly complicated. Infusion should be practiced more frequently than it is; it is *not* practiced frequently because we have not the right kind of apparatus. The profession demands something simple, portable, and at the same time efficient.

Allow me to describe to you a form of apparatus which works admirably and answers every requirement, even to portability. It is the ordinary telescopic drinking cup made for tourists, and has, upon the under surface of the smallest, or bottom ring, a button, or knob, over which is slipped the end of a yard of small rubber tubing. To the other end of the latter is attached the canulæ, of which there are two sizes, curved to fit within the cup, and also of the proper curve for the vein. The tube can be coiled up and placed, with the canulæ and two small artery clips, within the cup, which, in its turn, is carried in the metal case made for it.

The original apparatus I made with a forty-cent drinking cup, cutting a hole in the bottom of it to admit a perforated cork, and fitting the perforation in the cork with a hard rubber tube. To this I attached the flexible tube. My canulæ I made from small sized Eustachian catheters, cutting them to proper length and curving sufficiently by heating over an alcohol flame. The apparatus cost about seventy-five cents, and it took one hour to make it.

In conclusion let me say that I hope I have succeeded in impressing upon you the value and the necessity of the intracirculatory injection of a saline solution in cases of collapse, etc.; the simplicity of the operation, placing it within the skill of all, physician or surgeon; and the real value of the new apparatus above described.

PRIMARY AND SECONDARY ACTION OF DRUGS—AN INQUIRY.

BY M. W. VAN DENBURG, M.D., FORT EDWARD, N. Y.

It is some years since Dr. E. M. Hale announced his law of dose, for the primary and secondary action of drugs.

In this he recommended middle and high dilutions for primary symptoms, and low dilutions or the tincture for secondary.

The announcement of this action of drugs has never received much attention from the profession at large.

That it is discredited by many I have the best reasons to know. But that it is wholly without grounds to recommend it to the attention of the practical man, is not of so ready demonstration.

In the following well-known instances it would seem to be confirmed.

The primary action of castor oil, *ricinus communis*, is, when administered in large doses, cathartic. The secondary action is an equally well-marked constipation.

It is also a matter of common notoriety, that large doses often cure diarrhoea by first "clearing out the bowels," when constipation succeeds.

Homœopaths know that to remove constipation with castor oil, appreciable doses must be given. To cure diarrhoea with the same drug, "quickly, safely, and surely," small doses, higher potencies, must be given.

The same is true of *croton tiglium*, a much more powerful remedy.

In this the primary and secondary action is very well marked.

If one potency acts better than another in certain cases, it is for good and sufficient reasons; and it is worth while to know what these reasons are.

Hahnemann long ago noted the "alternating effects of some drugs," and yet made no distinction as to the potencies to be employed.

The fact is, this law is applicable especially to the class of drugs that have a marked distinction between the symptoms evolved in the earlier part of the proving, and those that follow later on.

In such drugs as have not this distinction, it would seem to have no application.

It should also be remembered that Hahnemann laid great stress on the *last symptoms* to appear in a proving.

At times, in his zeal in this direction, he probably recorded symptoms that had no reference to the action of the drug, because coming after all effects of the drug had ceased.

It seems very probable that, prejudiced as he was in favor of high potencies, he found that those symptoms which were truly the secondary effects of the drug, were also quick to respond to his doses.

Hence the value he placed upon them arose from the application of the above rule.

I would like to ask what other drugs, in the experience of the readers of this paper, have acted in a like manner.

My reasons for this are: *first*, to determine whether this rule

applies, as I have supposed, only to that class of remedies that manifest distinctly different (often opposite), symptoms in the first and last effects of the drug.

Second, to determine whether there are any exceptions to this rule in those drugs that have the primary and secondary symptoms well marked.

Third, whether failures to get good results from certain symptoms in certain drugs, may not have resulted from not complying with this rule.

An important rule of practice may be decided by a multitude of corroborating experiences.

Are such in existence, merely needing to be collated?

The writer would be pleased to see communications in the *HAHN-EMANNIAN* on this subject, or to receive personal letters, confirming or denying the application of this rule.

THE MICROCOCCUS LAUEROLATUS AND ITS CLINICAL SIGNIFICANCE.

BY W. K. INGERSOLL, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society, State of Pennsylvania, September, 1894.)

FOR the past eighteen months my attention as a general practitioner has been called to inflammations of serous membranes. The investigations, cases reported and cases of my own have drawn me to the conclusion that any inflammation of a serous membrane may be the same, differing only in its locality and anatomical surroundings. That a meningitis, otitis media, pneumonia, pleurisy, peritonitis and arthritis may, all of them, be due to the presence and development of the micrococcus lauerolatus, also called pneumococcus of Fränkel or diplococcus pneumococci.

Krebs and Eberth first brought to notice the fact of the existence of these germs. Also H. Fränkel studied their relation to pneumonia. Weichselbaum found them present in 91 out of 100 cases of pneumonia.

These cocci are round or an elongated oval with a gelatinous envelope. They are most often arranged in pairs enclosed in a common capsule. Movement is not observed in them. Their growth begins to make good progress at 76° to 115° F., at which temperature they grow best. They stain easily with the aniline dyes, the capsule light, or not at all, and the coccus dark. The cultures lose their

virulence if not inoculated from time to time upon animals or are kept in the media too long a time.

These organisms are found in the nose, mouth and respiratory tract in perfect health.

I want to give you the influences in outline that brought me to consider otherwise far-differing conditions into the relationship that they now bear in my mind.

Called to a Londoner, æt. 44; had a chill, gradually lost power in muscles of left side, and in seventy-two hours was completely paralyzed on that side. Temperature 99°. No change in any way save the paralysis. Fourth day, eye much inflamed; herpes developed about the eye and upon the lid. Gave potassium iodide, 30 to 40 grs., a day. Perfect recovery in a month. I gave the drug on general principles, although the patient assured me he had had no specific disease.

After this I had four cases out of five die. Some of them with high temperature and all the symptoms of meningitis and some with no rise in heat and few symptoms of meningeal inflammation, the knowledge of the disease being only gained by post-mortem.

Next, I saw two cases of pleurisy, the fluids taken from the pleural cavities showing many of the micro-organisms. One of these cases had a marked arthritis in the elbow-joint of the same side, the effusion being so great as to form a pendulous tumor, which disappeared quite rapidly by painting the part with iodine tincture.

Reading in the journals of the probable cause of meningitis being these organisms and knowing from my own experience and the experience of some of my professional brethren of the action of iodine and the soluble iodides upon them, I was anxious to have another case, and was not long in waiting, for one developed in a family where I had lost a case of meningitis just one year previous.

After giving gel. θ , which seemed to be strongly indicated, for two days, until the man was in a frightful delirium, I started with giving him 60 grains of iodide of potash. In three days the symptoms had disappeared. I foolishly, after two or three days of quiet and absence of fever, stopped the iodide, and in forty-eight hours he was as bad as ever. The second administration of the iodide was not as rapid in its results, and his return to health was slow, though perfect.

The next case was one of so-called idiopathic peritonitis. No known cause for it. Great pain, high temperature, weak, rapid pulse, abdomen swollen, tympanitic, etc. Third day developed in-

tense pain in the left side of head, loquacious laughing delirium. I thought of our friend, the micrococcus lauerolatus, and gave iodide of potash and painted the abdomen with tincture of iodine. In three days the case ceased to cause any anxiety.

I have since cured a child eight years old of meningitis with this soluble salt of iodine.

The foregoing is not written to be conclusive, but merely tentative, and that some may get a new point of view that may be of value.

THE PATHOGENESIS OF ARSENIC—A REPLY TO DR. VAN DENBURG.

BY RICHARD HUGHES, M.D., BRIGHTON, ENGLAND.

DR. VAN DENBURG found fault with the *Cyclopædia of Drug Pathogenesy*, in that it had included under the head of "Arsenicum" a number of compounds of this metal. My reply to this censure was to point to the precedent set by Hahnemann, and to throw on Dr. Van Denburg the burden of proof that any of the arsenical preparations we had classed together had such distinctive actions as to warrant their treatment as separate drugs. This was the position: I have now to consider the answer made to me in the September number of the *HAHNEMANNIAN MONTHLY*.

1. As regards Hahnemann's practice, Dr. Van Denburg suggests that—being (as he thinks) in evident violation of his own principles—it may belong to an early period of his career, and that, whatever may be the case with observations of poisoning and overdosing, provings, at any rate, were kept distinct.

I am afraid that the facts will not bear out this contention. Let us take the second edition of the *Chronic Diseases*, the date of which—1835-39—shows it to exhibit the master's latest method of working. When the new translation, announced by Messrs. Boericke & Tafel, makes its appearance, the composite character of many of its pathogeneses will be found plainly declared. Let me take three of them for which this edition is primarily responsible:

a. A pathogenesis of baryta carbonica had appeared in the first edition. A subsequent proving of baryta acetica is now incorporated with it, the symptoms obtained therefrom being distinguished only by a dash (—).

b. A similar thing occurs in respect to calcarea. The proving of the acetate, which Hahnemann originally published in the *Materia Medica Pura*, he here combines with the later symptom-list of the carbonate, using the same distinguishing mark for them.

c. In the pathogenesis of cuprum Hahnemann goes further still. It includes older provings of the acetate and sulphate, and later observations of the effects of the triturated metal, in one undistinguished mass.

Neither chronology, then, nor distinction between provings and other observations, will avail here, and it must be granted that Hahnemann deliberately included in his pathogeneses effects of various preparations of metals. Nor can I allow him to be inconsistent herein. "Medicines should be distinguished from each other," he writes, "with scrupulous accuracy." Yes; but what if he did not regard cuprum aceticum and sulphuricum as distinct medicines at all? Magnesia carbonica and muriatica, natrum carbonicum and muriaticum he did so regard, and gave them separate pathogeneses accordingly. Baryta carbonica and acetica, calcarea carbonica and acetica were not so different in his eyes as to require this, but sufficiently so to make it desirable to know by which of them a given symptom had been produced. With the cupreous preparations even this distinction was considered needless. In the *Cyclopædia* we have never gone so far as this, but have adopted one of the two former alternatives, according to the requirements of the case; so I think we must claim Hahnemann's authority as being unequivocally on our side.

2. I mean, of course, that his example justifies us in making no *à priori* assumptions as to the distinctive character of the several preparations of a metal, but judging each case on its merits. In his second paper Dr. Van Denberg meets me fairly on this ground, and his contentions demand all consideration. If they are well founded, they would lead to the conclusion that the combinations of arsenic with potash and soda so alters its action that symptoms resulting from the use of such compounds cannot be employed as indications for arsenicum album. Let us see.

a. "The sudden and often enormous anasarca developed under overdoses," of Fowler's solution, "and the comparatively small amount of respiratory disturbances is in marked contrast with the severe respiratory troubles and moderate anasarca of ars. alb." Now, it is true that in all but one of the instances given in the *Cyclopædia* of the supervention of anasarca in subjects of arsenical poisoning Fowler's solution was the form employed. But this may readily be accounted for by the fact that the symptom is one of chronic, not of acute, poisoning by this agent, and is, therefore, seen chiefly in patients taking it for some time, which they nearly always do in the shape of liquor arsenicalis. On the other hand,

in the one exception of the *Cyclopædia*, "dropsy" is mentioned among the phenomena observed among miners in arsenic, and of the seven instances of the occurrence of such a condition given by Allen three are from arsenious acid; in two of these "great" swelling being mentioned, while, to cap the argument, the experience of our school, which has led us to place arsenic in the first rank of anti-hydropic remedies has all been obtained with the white oxide.

About the "respiratory disturbance" I cannot speak without going into tedious detail. It is, perhaps, sufficient to note that it co-existed with the dropsy in the three most marked cases (§ 50-52) of the production of this symptom recorded in the *Cyclopædia*, in all of which Fowler's solution was the form employed.

b. "The choreic movements, too, are more frequently met with in the use of the solution than with ars. alb." I am at a loss to know what is the evidence for this statement. The only two poisoning cases in the *Cyclopædia* in which anything of the kind was developed are Nos. 12 and 14, and both these were from the oxide. Allen gives eight symptoms, occurring in nine subjects, which may be called choreiform (§ 2304-2311). In four of these instances the preparation employed is not specified; in one the "twitching" was "an effect of the fumes," and in the remainder white arsenic was the exciting agent.

We come now to the arsenate of sodium. Dr. Van Denburg believes and alleges that the addition of this—in itself very inert substance to arsenic robs the latter of its power to cause anxiety and restlessness—takes away the acidity from its catarrh, nasal and intestinal, and the burning and colic from its gastro-enteric effects and prevents it from disturbing the sleep of the subjects of its influences, that, on the whole, arsenate of sodium "resembles pulsatilla much more closely than it does arsenicum album." My worthy friend must pardon me for saying that this is a *reductio ad absurdum*. Is not the explanation of the differences he has noted* abundantly simple? The symptoms of arsenate of sodium are entirely taken from provings, well but moderately conducted. Those of arsenicum album come mainly from poisonings.

I maintain, therefore, on the strength of these two crucial instances that we have done well, and not ill, in including (in the *Cyclopædia*) under the one head "arsenicum" the effects of many preparations of that metal, while giving the necessary information to those who care to distinguish them.

* So far as they exist, I could challenge some of them, but I must not occupy too much space.

EDITORIAL.

RESPONSIBILITY.—PUNISHMENT.

THE change that has occurred in the manner of regarding crime need merely be referred to in order to be recognized. We can well recall the rise of the idea of *emotional insanity*. What was then an exceptional proceeding has now become routine practice. Temporary insanity is now the usual line of defence, not only to relieve the murderer and to rescue the fair name of the suicide, but it is the idea that is beginning to underlie the general conception of all that formerly was regarded as crime. This is no doubt due to a powerful reaction against the notions of original sin and total depravity. These conceptions, from the one-sidedness with which they were advanced, naturally tended to establish thereby a false system of morality, and in the majority of cases to produce a harshness of judgment and a want of sympathy that ran directly counter to the broad humanitarian spirit of the age. This is pre-eminently the age of humanity. The tendency is not so much to elevate the human to the divine as to find the divine in the human. Hence the willingness to explain all departures from the standard of morality as resulting from mental aberrations and not from innate depravity.

We cannot deny that here, as generally, the reaction has been excessive, and has led to what must be regarded as a false and dangerous conception of responsibility and crime and their respective relations to the state and its power and right to punish. We as physicians are so often brought face to face with this problem in the calls made upon us to decide the question of insanity and responsibility, that it behooves us to be thoroughly convinced in our own minds of the principle that underlies the whole matter.

Rightly considered, there is not an act of the simplest description for which any one can be said to be strictly responsible. There is not an act of our so-called free will that is not the result of the ever-acting forces of heredity, environment, and education. Even the free will itself is the result of the same forces, and its power varies accordingly.

While in our own most respectable cases we are willing to grant this in a general way, because we are not guilty of such acts as would render us amenable to the law, we are loath to admit the same, with

its consequences, just when we should recognize the truth most readily, viz., in the cases of those who can be called *born* criminals in view of their antecedents and surroundings.

Has society a right to punish such before it has done its best to render their existence impossible? We say emphatically, no. The idea of punishment must in the name of justice be dropped, and the state, in its treatment of so-called criminals, can be governed only by the ideas of social welfare, and what is conducive to that. The impossibility of so defining responsibility in all cases as to be able to mete out even-handed justice is, we think, sufficient reason for doing away with the idea of punishment in the treatment of so-called crime.

Just in so far as the existence of an individual is incompatible with the welfare of the social fabric of which he forms a part, just in so far, but no further, does it render itself obnoxious to modification or limitation by society. With this principle logically carried out, we will have the possibility of making "the punishment fit the crime," and will not have the anomaly presented of having individuals, who are really dangerous to the community, preserved for many years as an absolute burden, while others, perhaps, *capable* of reformation, and certainly able to repay the state for the care necessary for rendering them harmless, are summarily *punished* and gotten out of the way.

We begin to hear advocated in many quarters the advisability of castration of confirmed criminals, male and female, in order to prevent the propagation of offspring, who are almost bound to continue the race of those destined to become a burden and a menace to society. As a means of prevention it is certainly far superior to the futile attempts at cure. Why should society be burdened with the care and support of the lazy, the incompetent and the criminal?

Physicians will certainly welcome any legal aspect of the condition that may remove the opprobrium attaching to medical "expert testimony." The medical profession has been called upon to give such a definition of insanity that shall be universally acceptable, and to define the limits between responsibility and irresponsibility. These are manifestly impossible tasks, and yet its failure to accomplish them has subjected it to universal ridicule. The uncertainties of the law are proverbial, and the variations in theology cannot be concealed; why should the differences in medical opinions be especially selected by pettifoggers as the object of their witty(?) attacks?

While, then, we candidly confess our inability to agree upon such

definition, let us labor to bring more into prominence the idea of the requirements of public safety as the only guide in determining the treatment of those who have transgressed existing laws. As this public safety is a thing not only of the present but of the future too, this principle, rightly applied, will help us decide whether in a given case, imprisonment, castration or death is necessary.

This subject may appear to some to be a matter belonging rather to sociology than to medicine, but only through the teachings of the latter can a proper basis be obtained for the theories of the former.

POST-GRADUATE STUDY.

IN the present condition of the curriculum in the medical colleges, as we noted last month, with the necessity of devoting much time to subjects not strictly medical, the demand for post-graduate facilities has called into existence in all medical centres, numerous post-graduate schools. The rapid advance made in the science of medicine and the whetting of the appetite for new knowledge by the numerous medical journals that reach every corner of the land, contribute to bring to these schools not only recent graduates, but those also who have already had some years of professional life and success.

The long list of professors, assistant and associate professors, lecturers and demonstrators, etc., etc., that serves to embellish and swell the annual announcements of these schools, shows that all the possible wants of post-graduate students have been provided for, and yet it may very properly be asked, what are the legitimate aims of a post-graduate school.

Not, as we take it, to brush up, or to review what has been gone over, even if some years previously, in the regular medical curriculum, but rather to push forward from that point, and especially in the line of specialties. The post-graduate course should be one where the greatest room is given to a devotion to specialties; it should represent the extreme refinement of specialism. In it the specialist should have the fullest play, and in it alone the specialist should be trained.

We have always maintained that a physician can become a reliable specialist only after some years of experience in general practice. The all-round duties of the general practitioner, with the confessedly wider range of vision fostered by them are to our mind the only and the necessary means of preventing the onesidedness and dogmatism so often laid to the charge of the specialist. After a few years of

general practice each one finds out his own limitations, and discovers his predilections, and peculiar capabilities, and if then, with this knowledge, he takes advantage of the facilities of a post-graduate school, the results cannot but benefit himself and the profession.

There are three subjects, which in our own school especially offer excellent fields for specialists, and which we would like to see cultivated in every post-graduate school. We mean *Insanity, Medical Jurisprudence, and Public Health, Sanitary Science, or State Medicine.*

In none of these branches of special medicine has Homœopathy earned as yet any universally recognized laurels, and we must be candid enough to confess that in none of them have we experts to whom the general profession would unhesitatingly appeal.

In the treatment of insanity, judged by their own hospital reports the old school is lamentably neglectful and incompetent,—patients receiving either no treatment at all, other than experimental and surgical—or purely palliative of occasional symptoms.

What a wide field here for the application and trial of homœopathy with the boasted mental symptoms of its *materia medica* in the treatment of insanity and as guides and suggestions in the further study of the subject. Who can doubt that our success would be greater than under the *laissez aller* system of the other school? Of course in order to show this superiority we should have more insane hospitals under our exclusive control, and the effort of the Bureaus of Legislation connected with all our State societies should be directed most strenuously to obtaining these for us. But have we any claims to put forward as to *special* knowledge or treatment of insanity—upon which to base our demand? We fear not, other than the claim of general superiority in our system of practice. A specialty of insanity would make specialists of the teachers as well as of the students in a post-graduate school.

In medical jurisprudence the same holds good. In all the colleges of which we have any knowledge it is a much neglected subject, whereas if connected with what we might call Medical Sociology, it could be made to occupy a most important place in the curriculum of post-graduate schools, and its students could be taught to become powerful factors in moulding public opinion, and influencing rational legislation on subjects now left to the unwisdom of political bosses and ringsters.

In Sanitary Science and State medicine advances have been made in our school, and the prospects of continued improvement are fair,

but as yet we have no one to speak with authority. We need a post-graduate course on this subject where the most thorough work may be done, and facilities for original laboratory work be offered.

We have too long been content to think ourselves liberal and scientific if only we follow the constantly changing teachings of ambitious investigators of the allopathic school.

We have as a school limited our activity too much to advances in materia medica and its application to therapeutics; most laudable, and perhaps the only legitimate objects to us as simple practitioners, but not as scientific promoters of the science of medicine.

There are some born to be theoretical investigators—searching after truth for its own sake, not for its possible practical application. Others seem destined from truths discovered by others to take only that which they may make a means to an end.

Let our post-graduate schools afford opportunities to the former to exercise their peculiar bent, while in them materials shall be offered the latter for practical utilization.

THE ANTITOXINE TREATMENT OF DIPHTHERIA.

THE last decade has been so full of blighted hopes and disappointments in the field of therapeutics, that we naturally have been rendered cautious about accepting any new measure until its merits have been clearly established. We must regard the claims of the antitoxine treatment of diphtheria as still *sub judice*, although there seem to be evidences that another weapon has been discovered for combating this fell disease, which is becoming so terribly prevalent, and whose mortality is so great. (We might remark by the way, that where a physician says he has never lost a case of diphtheria, we are almost inclined to doubt whether he ever has had one, or would recognize it if he should meet with one.)

The most satisfactory statement of the value of the *serum treatment of diphtheria* is that of Prof. E. Roux, presented at Budapest, September, 1894, to the Eighth International Congress of Hygiene and Demography. He has been treating diphtheria with antitoxine serum since 1891, and in his communication gives the results in several children's hospitals in which he experimented with it. He used the serum of a horse, which had been rendered anti-diphtheritic by previously immunizing the animal. He administered 20 c.c. of serum hypodermically at one insertion in the side of the abdomen. If the subsequent bacteriological examination showed

that the patient was not diphtheritic the injection was not repeated; if, however, diphtheria was present, another injection of 20 c.c. or 10 c.c. was given in twenty-four hours, with the result generally of completing the cure.

The pulse and temperature were his guides; if they remained high the injection was repeated. So long as the temperature does not fall below 38 C. the curative effect is not complete. The minimum quantity of serum used was 20 c.c., the maximum 125 c.c. The serum produces an immediate and marked effect upon the disease, the general condition improving rapidly. The membrane ceases to grow within twenty-four hours after the first injection, and detaches itself in thirty-six to forty-eight hours, or at latest by the third day. The defervescence is abrupt, as if the disease had been suddenly checked; complications, albuminuria and paralysis are comparatively rare, though not unknown. The mortality was reduced from 33.94 per cent. to 12 per cent., and in croupous cases from 73.19 per cent. to 49 per cent.

Reports are coming in from other quarters of the successful use of the serum. The effects are so striking that no doubt can be entertained of their being the direct and specific results of its application.

These results certainly go far to show that we have in antitoxine a remedy that deserves to be as widely used and experimented with as possible. Its alleged prophylactic power should also be thoroughly tested and applied.

It only remains to have the antitoxine prepared in sufficient quantities, and at a reasonable cost, to enable trials to be made in all parts and under all circumstances of varying climatic and epidemic influences.

REMOVAL OF THE TESTES FOR ENLARGEMENT OF THE PROSTATE.

PERHAPS no surgical operation of these latter days has apparently so bright a future as the above. Who has not met cases of men otherwise sound and vigorous in mind and body who have ended their days in the prolonged torture of the complications arising from enlarged prostate? Who can doubt that they would gladly have availed themselves of such a mode of relief if it could have been offered to them with any assurance of relief? Castration will, of course, only be resorted to in desperate cases. Nine cases have been reported in which the operation has been performed with the express object of reducing the size of the enlarged prostate, and in

all the effect has been the same, the complete and rapid disappearance of the enlargement and a final atrophy and shrinking of the gland far below its normal size.

The advanced age at which all operations would be called for, renders it unlikely that any effects upon the physical or intellectual nature of the patient should result, and the immediate and entire relief obtained would probably outweigh any thought of such, unless they should prove to be invariable and distressing.

THE WASHINGTON CITY HOMŒOPATHIC MEDICAL SOCIETY AND A SO-CALLED MEDICAL COLLEGE.

THE Washington Homœopathic Medical Society recently filed a bill in equity against the "Hahnemann Homœopathic University of Washington City," which was incorporated on September 26, 1894. The articles of incorporation recite that the objects of the university are to teach medicine in all its branches and the allied sciences and to confer the degrees of A.M., C.S., B.S., Ph.G., LL.B., LL.D., M.D. and D.D.S. This action of the society was for the purpose of restraining the defendants from conducting the university under the articles of incorporation and for such other relief as the Court might think proper to grant. In our *News* pages will be found an account of the experience of a reporter of the Washington *Evening Star* with the dean of the proposed university with a complete exposé of the method of operation. With the light of publicity directed upon the scheme of these promotors it is hoped and expected that they will have to abandon their project. The Washington medical fraternity deserves credit for their energetic action in bringing matters at once to a focus, and the homœopathic physicians of the United States should make it a duty to interview their representatives and senators and invoke their interest in the success of the proposed medical legislation this coming session for the District of Columbia.

A CORRECTION.

IN my article in the June number of the *HAHNEMANNIAN MONTHLY* on the pathogenic action of kali bichromicum on the kidneys, the abbreviations used in the *Cyclopædia of Drug Pathogenesis* have led me into an error, inasmuch I supposed the abbreviation "dr." to signify drachm and not drop, as it actually does. These doses would have produced toxic symptoms instead of provings. I herewith thank Dr. Richard Hughes for calling my attention to this mistake, and gladly correct it.

FRANK H. PRITCHARD, M.D.

Weaver's Corners, Ohio.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D.,

FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

FEEDING IN CHILDHOOD.—In the period of growth the processes of nutrition are necessarily more active than when the fabric is stationary; the demand is greater and returns at shorter intervals, and any failure in supply is more immediately and more severely felt. Hippocrates observed that old persons endure fasting most easily, next adults, young persons not so well, and infants worst of all. Young children and boys and girls are often insufficiently fed; they want more than their elders, and usually get less. From five or six in the evening until breakfast is too long for a child to fast. A growing, hungry child needs a plain but substantial supper, and often something light before bedtime. Schoolboys are frequently not sufficiently well fed, not from want of means, but want of knowledge. Children in the nursery, beyond the age of infancy, should have light food, such as milk or beef tea, with toast, bread, or biscuit, just before going to bed. Schoolboys or the like, who dine in the middle of the day, ought to have a little meat by way of supper.—W. Howship Dickinson, M.D., *British Medical Journal*, August 25, 1894.

CIRRHOSIS OF CHILDHOOD.—The most exaggerated examples of cirrhosis are to be found in youth, and sometimes from alcohol. The administration of strong drink, even in the form of distilled spirit, is frequent in children of tender years among the children of the lower classes. The irritant effect is most declared upon young tissues, and necessarily upon the liver next after the stomach, according to the course of the circulation. Hence, the overgrowth of fibrous tissue which constitutes the disease is, in these circumstances, luxuriant, and great the nodulation and transformation of the organ. Cirrhosis of the liver sometimes follows rapidly upon the exanthemata, much as does the corresponding affection of the kidney. Other causes of cirrhosis in childhood are syphilis and rickets, the last more chronic and less declared than the first. The cirrhosis of childhood, attended as it is with rapid and profuse cell growth, causes much increase of bulk, and furnishes a very convincing proof, if one be still wanting, that the disease (cirrhosis) is essentially one of growth, not of atrophy. All diseases which consist of overgrowth or cell formation partake at this period of the activity of nutrition which distinguishes youth from age. This is seen with renal fibrosis and in the quick growth of sarcomata. Hypertrophy of the heart, as a result of renal disease, proceeds the faster the younger the patient. Cardiac hypertrophy in unmistakable form can be detected six weeks from the onset of the renal disease giving rise to the condition.—*Ibid.*

THE RESISTING POWERS OF CHILDHOOD.—Vulnerable as children are in some respects, there are others in which their powers of resistance are greater than in their elders. Great as is the mortality from the exanthemata among them, an individual attack is usually less dangerous than in later life, especially in measles. The same holds good with continued fevers, to typhoid, and, above all, to typhus. According to Murchison, the mortality from typhus in cases under ten years was 3.27 per cent., the mortality, after fifty years, being 57.03 per cent. In affections of the respiratory organs, the great mortality of infancy and early life is due to inflammation of these organs, especially the several forms of pneumonia and bronchitis. More deaths are attributed to pneumonia in the first five years of life than in any subsequent twenty, and more between five and ten than in any subsequent period of the same length. Lobular pneumonia or capillary bronchitis has especial frequency in early childhood, and lobar pneumonia or pneumonia with

consolidation is more common than is generally supposed. But this form of pneumonia, however common, is relatively less fatal than in after life. Dickinson collected 91 cases of pneumonia from birth to the age of 21, and 89 of 21 years old and upwards. The younger series gave a mortality of 1 in 9; the older series a mortality of 1 in 5—being twice as fatal as in childhood.—*Ibid.*

TREATMENT OF PNEUMONIA IN CHILDHOOD.—Dickinson looks upon external applications in pneumonia and bronchitis as utterly useless. The orthodox poultice and the quack embrocation may be alike discarded when the disease is on the inner side of the pleural cavity. As to ice, the effect does probably not penetrate very deeply into the living body, the temperature of which is equalized by the circulation, and if it does penetrate no one knows whether it does harm or not. Internal treatment is founded on the effort to obviate the tendency to death by cardiac failure and keep the heart going, and that there is a vast amount of exudation to be got rid of, possibly pounds, and that it is removed more by absorption than expectoration. Therefore, the vessels are not to be overloaded, and the exits are to be kept free by means of mild laxatives, blue pill, calomel, or gray powder, in grain doses, once, twice, or three times daily without opium.—*Ibid.*

PERSISTENT ALBUMINURIA AND GLYCOSURIA, WITH FREQUENT HYALINE CASTS, IN FUNCTIONAL NERVOUS DISEASES.—Dr. Gray made a careful study of 31 cases of neurasthenia; 1 case of subacute mania, 2 of Raynaud's disease, 2 of hypochondria, 1 of *Folie de Doule* or mysophobia, 5 of melancholia, 4 of vertigo, 1 of lumbago, and also 1 case of diabetes mellitus, 1 of spinal syphilis and 3 of hemiplegia. After dwelling upon the various chemical tests, etc., he devotes considerable attention to the theories on the formation and import of uric acid, citing the diametrically opposed theories of Haig and Sir William Roberts. Haig supposing that uric acid is formed day by day in the blood and thence passing into the urine, whilst Roberts maintains that the uric acid is held in solution almost entirely as a quadriurate and is only precipitated as uric acid in the kidneys, the ureters, or the bladder, at the same time that the constant amount of uric acid in the blood is very small and is only a vestigial remnant. Haig assigns to uric acid a large primary rôle, whilst Roberts regards it as a factor which only becomes important in certain conditions inducing changes localized in the peripheral parts of the urinary apparatus. From examinations of the above cases he concludes: 1. that most cases of neurasthenia and many cases of functional nervous diseases will show constantly or well-nigh constantly, albuminuria, glycosuria, excess of uric acid and oxalate of lime, and occasionally an excess of urea, indican, and hyaline casts. 2. It is probable that these urinary products are results rather than causes of disease. 3. These conditions very probably represent what has been called lithæmia. 4. It is probable that many, if not most, of these cases are not cases of early nephritis. 5. It is possible that there are different albumins in the urine, and that upon the determination of these will rest the future diagnosis of nephritis from other diseases.—*American Journal of the Medical Sciences*, October, 1894.

THE TREATMENT OF FUNCTIONAL NERVOUS DISEASES WITH PERSISTENT ALBUMINURIA AND GLYCOSURIA.—Dr. Gray in considering this portion of his subject states he has not found any advantage from any one system of diet. He tried the exclusion of nitrogenous material, then the avoidance of the hydrocarbons, then total abstinence from sugar, all without avail, excepting in certain cases a temporary reduction of the proteids produced a perceptible advantage for the time being. In all cases, in which there was a melancholia or hypochondria, or epilepsy, or vertigo, or neuralgia, diet did not have the slightest influence on the nervous symptoms. For therapeutic purposes he divides the treatment into three classes: First, cases without mental or nervous symptoms or intestinal disturbances; second, cases with intestinal disturbances, with or without mental or nervous symptoms; third, cases with marked mental or nervous symptoms.

1. In light cases without mental or nervous symptoms or intestinal disturbances are helped by *nitro-muriatic acid*, twenty drops in a wine glass of water three times a day after meals; in some instances Haig's prescription of nitro-muriatic acid before and from two to five grains of salicylate of soda after meals, will answer best. Large doses of salicylate of soda as a rule are not beneficial; they are apt to depress the patient; usually a drachm of Rochelle salt in a tumbler of water before breakfast will be sufficient; large doses—half an ounce—should not be countenanced.

Sometimes it is necessary to give a few doses of calomel before commencing with

the Rochelle salt, either two grains at bedtime for one or two nights, or one-tenth grain given every hour for five hours, followed next morning by the laxative. Where constipation is obstinate one-tenth grain of aloin once, twice or three times daily will be effective; if too active it can be combined with advantage with two grains of the extract of cascara sagrada.

2. He divides the cases in which there is intestinal disturbance into two classes: those in which there is intestinal disturbance alone, and those in which this is accompanied by mental or nervous symptoms. In both he aims to mitigate the intestinal disturbance; in many cases with mental or nervous symptoms this can not be accomplished until the nervous and mental phenomena are relieved. In intestinal cases he has given up the use of pepsin, believing that while it may relieve temporarily, its continued use aggravates. Sometimes pancreatin is used but he found his patients derived the most benefit from the subgallate of bismuth, salol, calomel, subnitrate of bismuth, codeia, laudanum, and salines. Subgallate of bismuth and salol being the most efficacious this treatment is often prefaced by the use of a few doses of calomel. In some cases of great discomfort after meals, five or ten grains of the subnitrate of bismuth will act like a charm; it is not, however, a reliable remedy. Where there is continued pain in digestion, not relieved by these measures, moderate doses of codeia, $\frac{1}{4}$ to $\frac{1}{3}$ of a grain, three times daily—or 5 or 10 drops of laudanum are found to be useful. These opiates should not be continued long—one or two easy bowel movements should be maintained daily. He has no confidence in naphthol, betanaphthol and guaiacol.

3. Cases in which there are nervous or mental symptoms with or without prostration, are treated from an entirely different standpoint. Laxatives and digestives alone often greatly aggravate the disease, calomel being an especial offender. He uses rest, or, more properly restricts the expenditure of energy. He values the principles of Dr. Weir Mitchell's rest treatment but considers that his method of application is not always judicious. Absolute and prolonged rest in bed is not necessary in cases of neurasthenia; when it is associated with melancholia, it is altogether out of place. He does not use massage; it is often of no service in neurasthenia, often prolonging the weakness and it aggravates melancholia.

Next to enforced rest he finds the ingestion of large or surplus quantities of food to be most important; this is to be done systematically day by day. In some cases of melancholia the aversion to food is so great that proper alimentation becomes a serious difficulty. He has found a threatened use of the stomach-tube to be all sufficient. Rest and surplus alimentation—and in melancholia the careful and systematic use of opium and hypnotics is unavoidable; and in neurasthenics, iron, malt and cardiac stimulants (the best of which is strychnine) are necessary. Properly (that is, systematically and vigorously) treated, these cases are of excellent prognosis. Left to run their own course, however, they are exceedingly chronic and apt to leave a condition of invalidism behind them.—*Ibid.*

RENAL ALBUMINURIA.—In a recent article Dr. F. C. Shattuck, of Boston, dwells upon our accuracy in detecting minute and slight renal changes. He claims his anxiety is not awakened either for the present or the future of his patients by the report that a faint trace of albumin and hyaline and finely granular casts of small diameter are found in their urine, even if past fifty years of age, provided that the kidneys are doing sufficient work, as shown by the twenty-four-hour secretion of solids and provided there are no symptoms. Similar conditions presenting in patients under fifty do not disturb him nearly so much as formerly. The important practical point is that these conditions are not necessarily the precursors of serious kidney disease and that their presence does not inevitably demand very careful regulation of the life and constant medical supervision.

In a certain proportion of cases, at present impossible to tell, interstitial changes will reach a degree to shorten life, advancing more or less rapidly. It is not in our power to recognize accurately these cases, although a close estimation of the solids voided in the twenty-four-hour urine is helpful; but, in the average individual, the reserve balance of kidney power is sufficient to permit of extensive renal impairment without curtailment of the ordinary daily work. This reserve may be diminished or gone, but if not drawn upon too much or at all no apparent stringency is felt. Granting that renal albuminuria is always pathological, chronic pharyngitis is also pathological and he favors the idea that the clinical significance of the one is not necessarily greater than the other. He sums up in the following conclusions:

1. Renal albuminuria, as proved by the presence of both albumin and casts, is much more common in adults, quite apart from Bright's disease or any obvious source of renal irritation than is generally supposed.

2. This frequency increases steadily and progressively with advancing age.

3. This increase with age suggests the explanation that the albuminuria is often an indication of senile degeneration.

4. Though it cannot be regarded as yet absolutely proved, it is highly probable that faint traces of albumin and hyaline and finely granular casts of small diameter are often, especially in those past fifty years of age, of little or no practical importance.—*The Medical Examiner*.

DR. EGBERT GUERNSEY in a clinical lecture delivered at the Metropolitan Hospital, New York, stated that maltine, made from malted barley, oats, and wheat, has long been used as a nutrient, more especially in weak digestion and in wasting diseases. The term is applied to the cereals brought artificially to germination by soaking in water and then dried in a warm room. The malt thus obtained contains, in addition to diastase and the other elements of the cereals used in malting, dextrine and malt-sugar (maltose) produced by the action of diastase on the starch. It will be readily seen we have here a powerful agent in the digestion of starchy food on account of the diastase it contains, and an excellent nutrient from its maltose and proteid matter.

The fact has been pretty conclusively demonstrated, that the medicinal action of coffee and tea rested in their power of sustaining vital energy and restraining tissue metamorphosis. The power of endurance shown by the Indians in their long journeys among the mountains, carrying, with but little food, heavy burdens, drew attention to the fact that this power of endurance arose from the effect of the coca, the leaves of which they chewed at intervals, and that it possessed the same elements of power as coffee and tea but to a much greater extent.

It was one of the triumphs of scientific chemistry and modern pharmacy to combine these two elements—the nutritive and the tonic—into one, so that, while the vital force was stimulated, the metamorphosis of muscle and nerve tissue was restrained, until each particle of the nutrient had been converted into active force. It will be readily seen that a combination of maltine and coca made palatable to the taste, and held in solution by a pure wine, may be of marked benefit in conditions marked by low vitality and weakened muscular and nerve force. The irritable heart, arising from indigestion, and often accompanied with intense neuralgic pains and cerebral disturbance, finds no more powerful agent for its control than the maltine and coca wine. Even cardiac dropsy, in which diuretics fail to produce ordinary action, will often yield promptly to the united action of the wine, with specially indicated diuretics. It is easy to understand why a combination which not only stimulates vitality but holds it by increased nutrition, must find a large field of usefulness.

INFANTILE PARALYSIS.—Prof. Grasset, of Montpellier, France, recently called attention to the comparative study of atrophic spinal paralysis and cerebral spastic paralysis. The former of these two affections generally begins with general disturbance of health, fever, and which are common to all the acute affections, diseases of infancy. During the first few days there is fever, often convulsions, but then diagnosis is impossible, and the doubt only is cleared away when paralysis sets in. This is either generalized or diffuse and attacks several muscles, being more extensive at first than later. There is a period of retrogression, in which the paralysis is limited to a few muscles or groups of muscles. Then, together with the paralysis, there is a marked atrophy which leads to an impeded development and deformity of the affected parts.

In the spastic form, instead of disturbances of motility there is a hemiplegia. The entire spastic syndrome, the persistent or intermittent contractures, the epileptoid trepidation, the tremor, the exaggerated patellar reflex, the absence or late appearance of atrophy form a characteristic and special symptom picture, which is easily recognized. Yet all these symptoms are not to be observed at the same time in every case, for the hæmorrhage may be of varying extent. In one case there may be a cerebral hæmorrhage of inter-uterine origin, which left after it either a cerebral or descending bulbo-medullary sclerosis. In others the sclerosis may have been primary. Cerebral atrophy leaves behind it destruction of the nerve-tissue, with formation of cavities in the brain.—*Gazzeta Degli Ospedali e Degli Cliniche*, No. 74, 1894.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D. AND H. L. NORTHROP, M.D.

DEATH FROM INJECTION OF COCAINE INTO THE URETHRA.—Reclus (Paris), reports the case of a physician who was called to attend an old man of 72 years, arterio-sclerotic, subject to cardiac symptoms and attacks of angina pectoris and suffering from an attack of retention of urine due to hypertrophy of the prostate. Several vain attempts at catheterization being made, the bladder was punctured and the next day catheterization again tried, without success. A suprapubic cystotomy was decided upon but before undertaking the operation it was thought advisable to try an injection of cocaine into the urethra and accordingly 20 grammes (5 drachms), of a 5 per cent. solution were injected. The patient's face immediately became pale, he trembled over his whole body, threw himself upon the bed and was seized with nausea and fell back, dead. Some of the fluid must have forced its way into the bladder, whose absorbent power is beyond dispute. Undoubtedly, the lesions of the urethral mucous membrane from frequent catheterization, assisted absorption. He states that in case cocaine is employed on mucous membranes, the strength of the solution should never exceed $\frac{1}{2}$ per cent. and not over $2\frac{1}{2}$ to 3 grains of the drug be injected, in all. (Even this dose is dangerous; $1\frac{1}{2}$ grains is regarded, by most writers, as the maximal limit).—*La Semaine Médicale*.

SENN-NICHOLAS OPERATIVE TREATMENT OF MYOFIBROMA UTERI.—*Preparations for Operations.*—It is unnecessary to insist that no operation upon the uterus or its appendages should be performed without adequate preparations having been made with a view to securing an aseptic condition for the field of operation. Unless the indications for immediate operative interference are urgent, the preparatory treatment should be commenced at least three days before the operation. A daily tepid bath, mild saline laxatives, a light diet and rest continued for three days will do much toward preparing the patient for the operation. Thorough disinfection of the vagina and external genitals must be secured in order to insure asepsis, irrespective of the route selected for the removal of the tumor. Shaving, liberal use of hot water and potash soap, and, lastly, a thorough scrubbing with alcohol and sublimate solution (1:1000) are the best-known means to accomplish this object. The hands are disinfected in the same way, and the instruments by boiling for at least fifteen minutes in a 1 per cent. solution of carbonate of soda. The use of sea sponge has been abandoned, and dry gauze compresses and sponges used in their place, which are sterilized for each operation.

Vaginal Removal of Myofibroma.—This operation is applicable in all cases in which the tumor is attached to the cervix or its canal, and in accessible intrauterine tumors not exceeding the size of a fetal head. Removal by torsion is an unreliable and unscientific operation. A circular incision is made, extending through the thickened mucous membrane sufficiently far from the attachment of the tumor so that the cuff of mucous membrane, after the enucleation, will cover the bed of the tumor. With a Kocher's director, blunt-pointed scissors and the finger, the mucous membrane is separated close up to the attachment of the tumor, when the latter is grasped with a volsella forceps and twisted around its axis until it is detached. This method of operation minimizes the hæmorrhage, insures complete removal of the tumor and leaves enough mucous membrane to cover the defect. After another thorough disinfection the cervix or uterine cavity is tamponed with iodoform gauze, which is allowed to remain three or four days. If the tumor approaches the size of a fetal head, its delivery can be accomplished most speedily and with the greatest degree of safety with a pair of short obstetric forceps.

Salpingo-oöphorectomy.—The removal of the uterine appendages for myofibroma has become an established operation. It is indicated in young females suffering from inoperable bleeding fibroids.

In well-selected cases it must be regarded as a radical or curative operation, because the tumor gradually diminishes in size and the peritoneal symptoms, if present, likewise undergo progressive improvement. If the tumor has occasioned extensive plastic pelvic peritonitis, the operation often becomes one surrounded by many difficulties. The ovaries and tubes are frequently found completely buried in firm adhesions, rendering their isolation and removal a difficult task. At other times one or both ovaries cannot be found. The great secret of success in the enu-

cleation of such appendages is to find the exact place to start from. Usually, the best guides are the cornua of the uterus and the broad ligaments. Tearing blindly among the adhesions in search of the ovaries and tubes, without any anatomical landmark, is dangerous practice, and often terminates in disease and abandonment of the operation. Another source of danger threatening the result of the operation is incomplete removal of the ovaries. The smallest fragment of living and attached ovarian tissue will interfere with the ultimate intent of the operation. The tubes should be tied close to the uterus and removed.—*The Chicago Medical Recorder*, 1894.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY
GEO. R. SOUTHWICK, M.D.

LABOR COMPLICATED BY OVARIAN TUMORS.—Flaisehlein approves of the recommendation of Fritsch, that when in labor an ovarian tumor cannot be pushed out of the pelvis but blocks it up and prevents the passage of the child, the tumor should be punctured and then pressed one side. If, after puncture, the tumor cannot be displaced, he recommends opening the posterior portion of the vaginal vault and the introduction of the fingers to break up the septa of the tumor and to remove its contents. The child is then extracted, and the vaginal wound sewed up. As soon as external conditions permit, and not later than the following day, the tumor must be removed by laparotomy, as peritonitis is liable to occur early. Laparotomy during labor is not advisable, on account of the difficulty of antisepsis and the fact that the tumor cannot be removed from the small pelvis without rolling of the uterus, with the danger of asphyxia of the child and separation of the placenta, as well as the great tax on the patient's strength of both laparotomy and labor.—*Zeitschrift für Geburtshülfe u. Gynakologie*, Bd., xxix., 1894.

THE IMPROVEMENT OF PERMANENT RESULTS IN HYSTERECTOMY FOR UTERINE CANCER.—Mackenrodt draws attention to the fact that recurrence is often due to inoculation of the wound with particles of cancer at the time of the operation and to the importance of removing as much tissue as possible from the site of the disease. The ureter is found by unfolding the broad ligament as in vaginal fixation of the uterus. The branch of the uterine artery is then followed out away from the cervix about an inch where the ureter crosses it. This allows the ligature to be placed securely away from the cervix without including the ureter, and much more tissue can be removed from around the cervix than in the usual operation.

The first act in total extirpation consists in opening Douglas's cul-de-sac from the vagina, and flaps from the vagina about the cervix are separated by the thermocautery and stitched over the cervix to prevent infection from the cancer. The peritonæum is sewed to the margin of the vaginal wound. The vagina is then packed with iodoform gauze. The second act of the operation is the separation of the bladder and ureters from the uterus and the broad ligaments, either from the vagina or through the abdomen. If from the vagina, the anterior vaginal wall is split in the median line from the urethra to the cervix, and deep perineal incisions are made on each side to obtain room. The bladder is thus separated from the uterus anteriorly and the peritonæum opened transversely. This gives an opening anteriorly and posteriorly, and the broad ligaments can be taken in the thumb and finger and ligatures applied and ligaments divided with both the sense of sight and touch.

The second method of removing the uterus through the abdomen is done to the best advantage in Trendelenburg's position after completion of the first act of the operation. The fundus of the uterus is seized and raised by bullet forceps, which is very easy, as the uterus is no longer held down by its vaginal attachments. The bladder is carefully dissected off the uterus, special care being taken not to injure the ureters. The broad ligaments are then divided well away from the uterus. The third act of the operation is to unite the peritonæum and vaginal wound, turning the ligatures into the vagina and uniting the base of the bladder to the peritonæum of Douglas's cul-de-sac. Iodoform gauze is placed in the vagina, and other divided surfaces are closed in the usual manner.—*Ibid.*

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

CONDUCTED BY
CHAS. M. THOMAS, M.D.

OPHTHALMIC SUGGESTIONS FOR THE GENERAL PRACTITIONER.—Kalish (New York), in an admirable paper with the above title, sums up his subject by giving the "don't's" in the treatment of ophthalmic troubles.

Don't poultice an eye under any circumstances whatever. Binding a wet application over an eye for several hours must damage that eye, the assertions of those professing to have personal experience in this to the contrary notwithstanding. The failure to aggravate an existing trouble by binding a moist application over an inflamed eye, which application is supposed to remain for an entire night, can only be explained by the supposition that a guardian angel has watched over that misguided case and has displaced the poultice before it had got in its fine work. All oculists condemn the poultice absolutely in every shape and in every form. Tea leaves, bread and milk, raw oysters, scraped beef, scraped raw turnip, or raw potato, and the medley of disgusting domestic remedies popularly recommended are, one and all, capable of producing irremediable damage to the integrity of the tissues' visual organ.

Don't forget in the examination of an eye that the vascularity of the eyeball may furnish valuable information. Large, tortuous, anastomosing, brick-red vessels, forming a network freely movable, increasing in intensity as we approach the eyelids and diminishing as we approach the cornea are indicative of conjunctival inflammation. A rose-colored belt around the cornea diminishing as the eyelids are approached, formed of fine, straight vessels, radiating in a parallel direction, designate an inflammation of the cornea, iris, ciliary body or choroid. This is what is commonly called the circumcorneal zone or the iritic corona, the vessels being mainly venous and situated in the episcleral tissue. Then there is an irregular patch of congestion on the sclerotic, a livid red or bluish red, indicating episcleritis or scleritis.

Don't allow a nurse to wash out the eyes of the patients with ophthalmia neonatorum or gonorrhoeal ophthalmia until you have shown how this should be done.

Don't press upon the eyeball, *but upon the edge of the brow*, in separating the eyelids in any case of corneal ulceration occurring in the course of keratitis, ophthalmia neonatorum or gonorrhoeal ophthalmia, as such pressure can easily cause a perforation of the cornea, extrusion of the lens and sometimes loss of a considerable quantity of the vitreous humor.

Don't forget that incised or perforating wounds in the ciliary region are most dangerous, and often call for the enucleation of the injured eye to prevent the development of sympathetic ophthalmia in and loss of the sound eye.

Don't prescribe for an inflamed eye until you have tried the tension of the balls, searched for a foreign body caught under the lids or lodged on the cornea, and examined to see if there is any implication of the iris or cornea.

Don't use lotions containing lead water in any case with abrasion of the corneal epithelium, as particles of carbonate or oxide of lead become deposited at the site of these abrasions and produce irremovable opacities.

Don't use alum lotion in any case with abrasion of the cornea, as it has the power to dissolve the cement of the cornea and to provoke a deep and dangerous ulcer.

Don't use eserine or pilocarpine in an eye that is the seat of an iritis, and don't use a solution of eserine in any usual case stronger than from half a grain to a grain to the ounce. Stronger solutions have set up attacks of troublesome iritis.

Don't use atropine without testing the tension of the globe, and without proper care as to the strength of the solution employed in the old and very young.—*New York Medical Journal*.

DELIRIUM CAUSED BY A SMALL STONE IN THE LEFT NOSTRIL.—Roberts (London) was called to see a female child, two and a half years old, who had pushed a sharp-edged piece of flint up the left nostril while at play, two weeks previously. She was in a state of wild delirium, imagined she saw rats, mice and black beetles crawling over her and on the bed, seemed very irritable and took no food, and at times would raise a cry of alarm and look around about her and say that animals were going to do her harm; she was even afraid of the lace on her pinafore. Roberts did not know of the piece of flint in the nostril, and finding no source of irritation and thinking that the symptoms might be the prelude to some acute attack, pneumonia or meningitis, he ordered bromide. Before his next visit a sharp-edged piece of flint, covered with thick mucus and a little larger than a cherry-stone, had been ejected from the left nostril while asleep. The child was well.—*The Lancet*.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,
FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

THE CHARACTERISTICS OF SEPIA.—Dr. Hesse, of Hamburg, describes the characteristic sepia constitution as follows: Individuals with dark hair; skin greatly inclined to sweat, especially that of the back, arm-pits, between the mammae and in the genital region. The patient's face is pale yellow, with dirty, yellowish-brown spots around the mouth and on the forehead, with occasional flushes of heat in the face; inclination to neuralgias, headache, especially in the morning on awakening, and which often disappear after arising. It is frequently associated with nausea and vomiting, or on waking there may be a sensation of heaviness in the head; unrefreshed on awakening.

The headache rarely appears every day, but every eight to fourteen days and during the attack the patient seeks rest and desires to lie perfectly still, yet an internal restlessness forces her to get up and walk about. She complains of stiffness of the joints on attempting to arise from a chair or bed; she cannot easily get in motion. The warm air of the room is unbearable; warmth and foggy air, north and east winds, sour and fatty foods are intolerable.

During the three to six days preceding the menses, pains in the lower abdomen with aggravation of all the symptoms. Though this drug is indicated in those with dark hair, it will act, if indicated, in blondes, in men as well as women, fat as well as thin persons, and in the old as well as in adults.

The characteristic restlessness is often observed in the office; the patient, if a child, cannot be kept still for a minute, and if an adult, in spite of their self control they find it difficult to keep themselves still on the chair, they must keep moving. The characteristic gait is hurried, more a running than a walking. Again all the troubles of sepia are ameliorated by walking, movement, running, dancing, gymnastic exercises, etc. Puls. and ferrum are ameliorated by slowly walking about. Rhus also can bear no rest, the patient must also keep in motion, yet he will not bear the amount of movement that the sepia patient does. The more and the further the latter runs the better she feels. In the beginning she may complain of various symptoms, as palpitation, stomach disturbance, shortness of breath or sciatica, but on continued movement these disappear, to reappear with greater severity on resting. Sitting is intolerable, especially sitting bent double, in the stomach and lung symptoms. Dyspnoea and palpitation, both ameliorated by running and dancing, are cured by this drug. Sitting for a long time and listening to others is intolerable; long lasting dinners, concerts, and theatricals are avoided on account of the hot air and the long sitting. This restlessness is almost pathological, and is nearly choeric; he recommends it in this disease with or without stramonium. If a sepia patient is forced to keep still they have a leg, an arm, or a hand in motion to relieve their feelings; or, they will pull at their hair, if a child, or keep something in their hands in a twirl. Hence it is frequently indicated in the neurasthenia of our nervous age. The sepia patient falls to sleep with difficulty, awakens unrefreshed, eats hastily, walks hastily. In the hurry of business he does not notice his troublesome symptoms. Emotions affect him severely. Inactivity is abhorrent to him; Sundays are his worst days.—*Allgemeine Homœopathische Zeitung*, Nos. 21, 22, 1894.

VIBURNUM OPULUS IN DYSMENORRHOEA.—Dr. Pinart recommends this drug very highly in the treatment of dysmenorrhœa. It acts directly upon the uterus, rapidly diminishes congestion and nervous symptoms and calms the colicky pains.

He relates several cases where it was given with good results. The chief indications seem to be congestion with neuralgic pains. It acted well both in well-developed and healthy females as well as in weakened and anæmic subjects. Hamamelis seemed to be of more value when the pain was situated in the ovaries and viburnum when in the uterus.—*Revista Homœopática de Barcelona*, No. 3, 1894.

ARSENICUM IODATUM.—Dull, careless, heedless of her sickness or of those about her. Expects to get well. Prostration, listlessness, general weakness, general loss of irritability; neuralgias in the bones, pains shifting. Coryza, with severe headache; discharge of thick mucus and clotted blood from the posterior nares (he hawked it up), with much relief. Loss of appetite and lack of thirst, or ungratified thirst. Accumulation of gas in the intestines with severe colic and urging to stool. Stool soft, towy, dark-green or blackish, always passed with much tenesmus, which continues for some time afterward. Occasionally bloody, mucous stools alternating with the soft, dark-green ones. Stool involuntary in severe cases, as is also the urine. Menses suppressed, only a pinkish fluid in their place. Profuse white leucorrhœa all the time. Great and long-continued emaciation. The stool and colic are aggravated by motion; the neuralgic pains relieved by motion. The colic is better from heat. The coryza and headache are relieved by the discharge of mucus and blood from the posterior nares.—M. W. Van Denburg, M.D., in *N. Am. Jour. of Hom.*, July, 1894.

ARSENICUM IN MULTIPLE NEURITIS.—Dr. Fulvio Bonino, of Turin, reports an interesting case of this disease. The patient, a paper hanger of sixty-four years was neither a drinker nor smoker; no history of syphilis. His mother died at the age of seventy-two; her hands were paralyzed. Personal history negative. In October of the past year he observed that his legs were growing stiff and heavy, with painful tearing and constrictive pains; these symptoms increased to such an extent that he could not walk. At the same time his arms were affected with weakness and a numb sensation, in the tips of the fingers, associated with anæsthesia of the skin. He then received kali iodatum. He entered a hospital and was treated with electricity, baths and strychnine, hypodermically. Yet the symptoms, especially the pains in the legs, increased so that he could rest neither day nor night. December 28th he entered the homœopathic hospital. Besides these symptoms he was found to be suffering from atrophy of the extremities, especially of the legs, with decrease of muscular power. The anæsthesia of his hands was so pronounced that he could not distinguish any object held in his hand while the finger tips were painful and hyperæsthetic, with a sensation of electric shocks, on the slightest contact; thermic sensibility was unaltered. The patellar reflexes were unaffected and the sphincters normal, otherwise no other important symptoms. The pains in his legs allow him no rest; in order to obtain a little relief he was accustomed to seat himself upon the bed and swing his body backwards and forwards, with a rocking motion; this would be continued for hours at a time. Bisulphate of carbon for a week gave no results. Then on account of the burning character of the pains, their nocturnal aggravation and amelioration by movement, arsenicum was given in good sized doses—up to a milligram per diem. He immediately experienced relief which became more pronounced from day to day, so that he was able to sleep nearly the whole night. After fifteen days of treatment by arsenicum he began to make attempts at walking, and he was able to take a few steps with the aid of crutches. The pains had altered to a painful sensation of fatigue in the knee- and ankle-joints. During the days following he could stand on his feet and walk about the room. On February 12th he left the hospital; the pains had completely disappeared, his legs were weak and clumsy, with a slight feeling of muscular contracture on movement. The twitching in the hands is less, muscular strength and sensation of touch much improved, the painful hyperæsthesia vanished and the atrophy was remarkably improved. But in the meantime, another series of symptoms had developed; an incipient and well marked ataxia with a very great distinctness of Romberg's sign, though the other symptoms of tabes dorsalis were lacking. Since then he has been slowly improving under *secale corn.*, and *alumina*.—*L'Omiopatia in Italia*, fasc. xii., 1894. [Though this case was reported under the heading myelitis, it would rather seem to be a multiple neuritis. The whole symptom-picture both in the primary and secondary series of symptoms greatly resembles a case of multiple neuritis with subsequent pseudo-ataxia from arsenical poisoning.—EDS.]

CHEST SYMPTOMS OF CHELIDONIUM MAJUS.—Chelidonium majus in its action

on the chest is analogous firstly, to *bryonia alba*, on account of the sharp stitches on taking a deep breath or on motion, and shooting pains in the chest; secondly, to phosphorus, on account of the tickling in the larynx, inducing a dry cough; thirdly, to *dioscorea villosa*, in the sharp pains arresting the breath and motion; fourthly, to *asculus hippocastanum*, in the tightness of the chest, and fifthly, to *sanguinaria canadensis*, in the burning and pressure in the chest, pains in the region of the seventh rib and stitching and shooting pains under the sternum.

In diseases of the chest characterized by great difficulty in the breathing, tightness and constriction of the chest; sharp pains and stitches on taking a deep breath, tickling in the larynx, a dry, hollow cough, and such other symptoms as were developed during the proving, *chelidonium majus* is a valuable remedy, and being strictly homœopathic to the above symptoms, it may be relied on and be prescribed with confidence. It may also be prescribed in cases in which there is a loss of appetite and in which the emaciation is great. As great exhaustion, languor, prostration and weariness on taking any exercise, even in walking, is developed during the proving, therefore any of these symptoms present in connection with those of the chest would be an additional indication for the use of the drug. Stitches in the region of the heart on coughing are also very common throughout the proving, and if met with by the physician, it should be borne in mind that they are amenable to *chelidonium majus*. Great depression of spirits, incapacity for thought, and restlessness are additional symptoms for the administration of the drug, as also are giddiness (with a sensation as if there were a weight in the upper part of the head), throbbing headache, pressure and pain in the eyeballs, buzzing, ringing or rushing in the ears, great thirst, nausea, vomiting, cutting pains in the stomach, congestion of the liver, constipation, pain in the region of the kidneys, restless sleep, mucous diarrhœa, itching in the rectum (with pricking, crawling sensations), pains of a shooting character in the region of the bladder, reddish or dark-brown urine (becoming turbid almost immediately after passing), choking feeling in the throat, continual hoarseness (with dry cough), burning sensation in the bowels, great accumulation of flatulence in the bowels, sensation of dryness in the throat (with difficulty in swallowing), accumulation of a watery fluid in the mouth, heartburn, burning and heat from the mouth down to the stomach, toothache (during the night), coryza (with continual sneezing), itching and dryness of the left nostril, great oppression in the cardiac region, palpitation, lancinating pains in the heart and stitches through the region of the heart, yellowness of the skin, neuralgia of a periodical character, and burning and twitching in the eyelids.—*Homœopathic World*, September, 1894.

GENERAL CHARACTERISTICS OF THE POTASH SALTS.—These potash salts, as a class, produce a profound anæmia, increasing all secretions, especially the quantity of urine, while, at the same time, the elimination of the solid constituents is increased; the sufferer becomes emaciated as well as anæmic; the kidneys after a time become inflamed and degenerate; digestion becomes impaired early, for an alkaline stomach does not favor the assimilation of food; the patients are always tired and cold. In violent poisoning, headache, vertigo, and even convulsions, follow. In more chronic cases, the mucous membranes are affected by all the potash salts, and catarrh is universal. (In *kali bichrom.* we notice not only catarrh with rather profuse and viscid secretions, but destructive ulcerations extending to the deeper structures, noticed also in *kali chlorate*). The secretions vary in respect to amount and character. But perhaps the most important and serious lesion produced by these salts is the paralysis of the heart. It seems that their action is chiefly on the motor centres of the heart-muscle. All victims of potash poisoning suffer from cardiac depression but not from respiratory failure; these salts do not affect the pneumogastric nerve as they do most other nerves.

Emaciation, excessive waste in the secretions, anæmia, a low, feeble pulse, with threatening cardiac failure, are thus seen to be the essential features of the potash disease. A negative point of great value is the absence of fever. Never forget, that only in the most exceptional cases can any potash salt be indicated where there is fever. How often do we hear some physician extol the virtues of *kali bichrom.* in croup, beginning with its earliest manifestations and "pushing" the drug to the point of nausea. Such observations show ignorance of the essential nature of the drug, and an utter disregard of scientific and successful therapeutics. I would have you sear your memories with the notion "*never exhibit any salt of potash where there is fever*;" they are applicable only in a condition of weakness, soft pulse, coldness,

general depression, never excitement, certainly not febrile excitement.—Prof. T. F. Allen, in *North American Jour. of Hom.*, October, 1894.

ARSENIC AS A CAUSE OF GLYCOSURIA.—Dr. Edward Blake reports a case in which a lady was ordered by her physician to take one-fiftieth of a grain of arsenic three times a day. No limit having been given as to the length of time during which the drug was to be taken, this lady diligently took three daily doses of arsenic for two years, and became extremely ill. On again consulting her physician, she complained of considerable loss of flesh, marked lassitude, incessant thirst, dyspepsia, with perpetual craving for food, constipation, muscular pains, most marked in the calves of the legs, frequent and copious micturition, the quantity of urine reaching at times to eighteen pints in the day. An analysis of the urine showed: Sp. gr., 1030 to 1042. No albumin. Sugar, from 3 to 14 grains per ounce. Dr. Pary now saw the case, and pronounced it one of glycosuria. The arsenic was suspended, and in one week the sugar completely disappeared! Soon afterwards the other symptoms passed away, and the lady regained her health.

Much attention has been paid to the connection between pancreatic disease and glycosuria. Williamson, of Manchester (see *Lancet*, p. 927, April 14, 1894), found the pancreas diseased in seven out of fourteen cases. The absence of lesion in the other could be explained by the fact that a toxic agent can circulate through the pancreas, or through its controlling centre, and cause abolition of function without producing gross pathological changes. There are grounds for supposing that any poison which can inhibit the pancreas by passing through its control centre has the power to produce at least temporary diabetes mellitus. If we adopt some such view we can understand why such a great variety of differing agencies as arsenic, asclepias vincetoxicum, asparagus, the bite of the *Dipsas* serpent, baryta muriatica, bovista, cantharis, carbo vegetabilis, cactus, causticum, chloroform, cuprum, curare, ether, ferri sulphas, ledum, magnesia, mephitis, mercury, morphia, natrium muriaticum, nitro-glycerine and the nitrites generally, phosphoric acid, quinine, tartar emetic, sulphur and uranium, have been credited with the power of producing glycosuria. It is probable that any agency that can put the pancreas to sleep can induce glycosuria.—*Monthly Hom. Review*, July, 1894.

A CLINICAL PROVING OF THYROID EXTRACT.—Dr. S. Morrison reports a case of eczema treated for a period of three months with thyroid extracts in varying doses and summarizes the effect as follows: Slight nausea, recurring on thinking about it; feelings of lightness in the brain, scarcely amounting to giddiness; increase of appetite, with improved digestion; flatulence increased, followed later in the case by amelioration; relief of constipation, with more natural actions; increased urination, usually with clear, pale yellow secretion; fronto-coronal headache, about two hours after each tabloid; persistent frontal headache, after taking one tabloid for four successive days; a marked depression of cardiac action, with numbness of the fingers; the vesicular form of eczema was changed to the fine pustular form; scattered pustules of eczema mature quickly or abort; burning sensation in the lips, with free desquamation; peeling of the skin of the lower limbs, with a gradual clearing; the feet repeatedly peel in large flakes, leaving a tender surface; a steady and satisfactory improvement in general health. These symptoms were more marked than any effects noted from drugs during the previous treatment. Many of the chief medicines had been used, in accordance with the varying indications, from apis to sulphur, and in potencies from the matrix to the 200th centesimal, but no permanent improvement had been effected.—*Jour. of the Brit. Hom. Soc.*, July, 1894.

KALI IOD. IN BRONCHITIS AND ASTHMA.—Dr. F. D. Nicholson quotes a number of authorities for the use of iodide of potassium in bronchitis and asthma and reports six cases, in all of which, after other indicated remedies had failed, kali iod. gave prompt relief. In conclusion, he discusses the relationship of drugs to disease, whether it is similar or contrary, and points out that the prominent symptoms in the cases reported are all to be found in the pathogenesis of the drug—increased secretion, watery or frothy, of the bronchial mucous membrane, cough, with pain in chest, oppressed breathing and anxiety. The train of symptoms usually precedes coryza. If this evidence be accepted, certainly the drug should take its place in our materia medica.—*Monthly Hom. Review*, September, 1894.

THE HAHNEMANNIAN MONTHLY.

DECEMBER, 1894.

PRIMARY AND SECONDARY SYMPTOMS AND THEIR RELATION TO DOSE.

BY EDWIN M. HALE, M.D., CHICAGO, ILL.

THIRTY years ago I wrote the above title to an article for some periodical of our school—I think the *North American Journal of Homœopathy*. That paper was the result of years of study based on experience. I wanted to arrive at some method by which the vexed question of dose could be settled logically. The law relating to dose, which I then enunciated, I still believe in. I do not claim that it is universal or that it will apply to all drugs. But it is a law which shows us why cures are performed by material doses when minute ones fail, and *vice versa*.

I am gratified that Dr. Van Denburg has called attention to this subject and solicited verification or the reverse.

Allow me therefore to state again my views:

1. That nearly all drugs, when given to healthy persons in pathogenic doses, cause two series of effects.
2. The first series are what I term primary symptoms; the second, secondary symptoms.
3. These secondary symptoms are not merely the "reaction of the organism," for they are just as distinctive and individual as the primary symptoms, and are nearly opposite in character to the primary symptoms.

4. I do not include among drugs having this double action those which have an insidious alterative action on the body, like some of those termed "antipsories" by Hahnemann, because they do not seem capable in crude doses of causing distinctive primary symptoms; nor do I include provings with attenuated drugs (above the third), for I have always doubted their power to cause pathogenetic symptoms, except in persons possessing an idiosyncrasy or great susceptibility.

My law of dose may be stated as follows :

a. When we meet with symptoms and conditions in disease which closely correspond with the primary symptoms of a drug, we shall cure most safely and quickly by prescribing the medium or high attenuations of the drug indicated.

b. When we meet with diseased conditions and symptoms simulating the secondary symptoms of a drug, we should prescribe that drug in the low attenuations or in small doses of the crude substance.

c. In order to conform to the law of *Similia* when we are prescribing for secondary symptoms, we should make sure that the primary symptoms which have preceded them resemble the primary symptoms of the drug we have selected for the secondary symptoms.

I have practiced in accordance with this theory for thirty years, and to me it is now no more a theory than the law of *Similia*, but a veritable law. I admit it is very difficult, in the present state of our materia medica, where the symptoms are all mingled, with no division into primary and secondary, to practice according to this law. If materia medica were taught in our colleges, by giving a clear history of the consecutive symptoms caused by drugs, the student of materia medica could more readily separate the two series of symptoms. Provings, unless made with physiological doses of drugs, will not produce distinctive primary or secondary symptoms. This has been shown by the futile provings of digitalis in the third attenuation. It would require a book instead of a brief article if I were to attempt to record the verifications of this law which I have observed. It will be better understood by my readers if I mention some drugs which are examples of this law and its application.

1. We will first take up a group of drugs which we will term the febrile group, namely, aconite, belladonna, gelsemium, veratrum viride, baptisia, antipyrin and antifibrin. Their primary action is to depress the action and force of the heart; to reduce the pressure of blood in the arteries, and to lessen the bodily heat. Their secondary

action is just the reverse in the majority of cases ; there are exceptions, as when the vital powers step in and prevent the reaction against the primary effects, the normal equilibrium being restored without the intervention of secondary effects. But certain characteristic symptoms are caused by each drug during both their primary and secondary action.

None of these drugs are primarily homœopathic to fever ; for this reason they will never, and have never, reduced febrile excitement and abnormal heat when given in highly attenuated doses. That they have seemed to do so in such doses only shows that those who claim to the contrary know but little of the natural history of febrile attacks.

All idiopathic fevers are preceded by a period of depression which resembles the primary action of this febrile group. To prescribe them intelligently we must ascertain the symptoms of this prodromal stage. If it resembles the primary depression of aconite, then aconite is the remedy. Hempel somewhere remarks that the most infinitesimal dose of aconite, if given during the chilly, depressed stage of a fever will prevent its access. The same can be said of gelsemium or veratrum viride. A toxic dose of belladonna does not produce immediate fever, as some suppose, but a condition closely resembling collapse, and the fear of giving appreciable doses of belladonna in fever is a groundless one. I may as well state right here that none of these febrile drugs are of any use in fever due to zymotic or bacterial poisoning. They are only of value when the febrile state is caused by some idiopathic irritation in the central nervous system, and none of them should be given as simple antipyretics but only as palliatives. They should be used only as brakes, to prevent the too violent action of the heart, and modify the hyperpyrexia. The fear of high temperature, 100° to 103° F., is a groundless one. These temperatures are really a beneficent effort of the vital forces to burn up or expel morbid substances from the blood and secretions.

The dose of these febrile drugs should never exceed a single drop of the mother-tincture every two or three hours in febrile conditions, or less than the 3x, even in infants. Antipyrin, antifebrin and phenacetine, in doses of one grain every hour, acts as a gentle sedative to the nervous system. In depressing doses they always retard recovery.

2. A better group to illustrate this law includes those which act on the intestinal canal as irritants, causing various kinds of diarrhoea primarily, and secondarily, constipation. I will only refer to

the most prominent: arsenic, veratrum album, croton oil, ricinus, podophyllum, iris, mercurius, bryonia, hellebore, jalap, rheum, senna, etc. Each causes a peculiar distinctive looseness of the bowels, which lasts a longer or shorter time, and is accompanied by its own peculiar pains and reflex symptoms. Now it is the experience of thousands of both medical schools that if the drug is closely affiliated, the smallest possible material dose will act curatively. Even the 1x trituration of castor oil will cure diarrhœa similar to that caused by large doses of that oil. All physicians are aware that after purgative doses of the above drugs an opposite condition—constipation—obtains. This constipation is just as characteristic of the drug as its diarrhœa. The constipation of bryonia is altogether different from the constipation of podophyllum.

Now suppose we are called upon to treat a case of constipation. It is necessary not only to get the symptoms of the constipated state, but we must get the symptoms, if possible, of the condition of looseness, if any, which preceded. If there was no such condition, then we must look to another group for the remedy; some drug which primarily caused constipation. If we find that both the precedent and existing symptoms resemble bryonia, then that remedy should be given in attenuations below the 3x or even a few drops of the tincture.

The members of the hepatic group of drugs afford a good illustration of dual action and the law of dose.

According to the experiments of Rutherford and our physiological provings, the primary action of this group, among which the most prominent are podophyllum, euonymin, ipecac., iris v., mercurius, chelidonium, carduus, etc., is to cause an increased activity of the liver cells with free discharge of bile into the intestine, *i.e.*, a bilious vomiting or diarrhœa. Now, as a bilious diarrhœa does not always have the same symptoms, nor is it due to the same cause in all cases, so there are no two cases of bilious diarrhœa caused by drugs which present the same symptoms.

No homœopathist (or allopathist, for that matter) would think of trying to cure bilious diarrhœa with large doses of mercury or podophyllum. In no instance of functional derangement is the efficacy of minute doses shown better than in the treatment of bilious diarrhœa and dysentery. I am sure that I have seen severe cases cured in a short time by the 12th or 30th of merc. corr. or the 6th of podophyllum.

The secondary symptoms of the hepatic group are as marked as

the primary. Who has not observed, after large purgative doses of mercury or podophyllum, an obstinate constipation, with pale, pasty stools, often containing undigested food and sometimes with jaundice? Even if these secondary symptoms have not been experienced by provers, we can safely predict that they would be present in all cases after acute primary pathogenetic liver stimulation.

Now, in cases of jaundice with white stools, a urine saturated with bile, with constipation or lenteria, due to torpor of the hepatic cells, what is the curative dose of the hepatic drugs? Not the medium or high potencies—at least I have never found them of the slightest value. To be of real clinical value, the remedy should show its effects in a short time—a few days. One or more doses of the 10th or 30th, in such cases, with improvement only after ten or more days, cannot be called a drug-cure, for the *vis medicatrix* generally cures in ten days or less. If one desires to test the value of my law of dose in the above condition, let him prescribe the 2x trituration of euonymin or podophyllum, chelidonium θ (Burnet, *Greater Diseases of the Liver*, reports splendid cures with 10 drops of the tincture of chelidonium and carduus), mercurius dulc. 2x or chinanthus θ or 1x (5 drops), and it will be found that if the drug is properly selected, improvement will occur in a few hours or, at most, a day or two. There is not the slightest danger of medicinal aggravation from these doses if we suspend the medicine when improvement has obtained. The normal physiological function of the liver once started into action will continue, unaided by drugs.

I will add as a warning that if the above symptoms are caused by cardiac weakness or dilatation, hepatic remedies are poorly indicated. Digitalis and its congeners will cure such conditions more speedily. This leads me to call attention to another class of medicines, which I will term cardiac. Of these, there are two groups:

(a) Primary cardiac depressents.

(b) Primary cardiac tonics.

Group (a) numbers among its members aconite, veratrum alb., veratrum viride, antipyrin, antifebrin, hydrocyanic acid, kalmia, cimicifuga, gelsemium, kali carb., and other salts of potash. The primary action of this group is to depress in innervation of the cardiac muscle and ultimately paralyze it until the heart stops in diastole. They are primarily homœopathic to weakness and threatening heart failure from deficient innervation, strain, or shock. They may even be efficacious in deficient compensation or broken compensation, if we can closely affiliate the symptoms.

That their continued primary action would lead to dilatation of the heart, is proved from the recorded fact that veratrum album, hydrocyanic acid, kalmia, and gelsemium have caused that condition. It has been doubted if the secondary effects of this group would comprise inflammation, followed by enlargement of the heart. I do not doubt it, for I think I can see in the toxic provings of aconite and veratrum alb. proof that the violent reaction from their primary effects is, if not actual inflammation, something closely allied to it. There is certainly violent action of the heart, with anxiety, delirium, and general circulatory excitement, which, if continued, might result in carditis and thickening of the heart muscle.

Whenever I use any member of this group in the treatment of cardiac disorders, I strictly follow my law of dose, namely, the attenuations above the third for their primary symptoms, and below the third for their secondary. Those who have never given aconite and veratrum album, 3x or 6x, in cases of shock or cardiac failure from any primary cause, will be surprised to find how much quicker they cause reaction than alcohol, ammonia, or other stimulant drugs.

Group (b) comprises quite a large number of drugs, many of them recent discoveries. They are now termed cardiac tonics. In physiological doses they possess the power, even in healthy persons, and more decidedly so in abnormal states, of increasing the innervation of the heart, raising the actual lifting-power of that organ, thereby increasing the blood pressure in the arteries, at the same time contracting the bloodvessels.

The best known and most powerful of this group is digitalis, whose analogues are strophanthus, convallaria, cactus, nux vomica, adonis, oleander, sparteine, erythrophleum, prunus virginiana, ferum, apocynum cann., hellebore, and several others. While they have a general similarity of action, no two of them are exactly alike. No one can completely fill the sphere of digitalis, while any one of them may follow it and carry on the work it commenced but failed to complete.

For several years I have studied the primary action of these drugs with great care. One object has been to define their usefulness when prescribed for symptoms simulating their primary effects. The result is that I find their sphere of usefulness in this respect extremely limited, for very rarely do we ever find their primary symptoms actually existing as primary symptoms of disease. It is only when the inhibitory apparatus which governs the action and

rhythm of the heart or its internal innervation becomes deranged or excited by mental or central nervous influences that these drugs can be used successfully for their primary symptoms. In a few such rare conditions I have found the 6th attenuation of apparent benefit. It is evident that material doses in such conditions must be injurious and contraindicated. Great and irreparable injury has been done to the cardiac apparatus by physicians not skilled in diagnosis, who give large doses of these drugs whenever the heart acts irregularly or tumultuously. There is no questioning about the dual action of this group. Weakness and loss of power due to exhausted innervation, irregularity and intermittence due to paralysis of inhibitory influence, and finally thinning with dilatation of the walls of the heart, are certain to follow long-continued excitation of the heart by these drugs. I have known chronic irregularity and paresis of the heart to be caused by toxic doses of digitalis. A single poisonous dose in health may throw the cardiac muscle into a tonic contraction, which brings the victim nearly to dissolution, to be followed by permanent weakness of the whole circulatory apparatus. The more violent the primary effects the more lasting the injury inflicted on the heart.

Prof. Balfour, in his late treatise (*The Senile Heart*), gives the following graphic picture of the secondary effects of digitalis: "When given in large doses, or in doses too frequently approximated (it) paralyzes the vagus and sets free from control the heart's idio-motor mechanism. If this paralysis comes on slowly we have first a slow pulse with an occasional quick beat; by and by the pulse becomes quick with an occasional slow beat or an intermission; and, finally, when the regulating power is entirely lost, the intermissions disappear and the pulse becomes regular but very rapid; the heart's sounds are embryo-cardiac, reduced to a mere tic-tac, the arterioles are dilated and the blood pressure low."

Digitalis never causes these symptoms primarily. The pulse may be very slow but never irregular. The systolic contractions of the heart are forcible and complete. In fact, its systole may be so persistent as to cause death.

It is not generally known that an overwhelming dose of any poisonous drug may, if not lethal, induce secondary conditions and symptoms at once; the primary not occurring at all or only in a slight or unrecognized degree. In acute poisoning by digitalis such instances have occurred.

As an illustration, showing the manner in which a materia medica

should be written, in order to give the primary and secondary symptoms separate and distinct, I give heart symptoms of digitalis in two columns (the objective symptoms from Allen's *Encyc. Mat. Med.*)

PRIMARY (Entonic Symptoms).

Violent palpitation, with full slow pulse, worse when lying on left side, with throbbing in the head.

Suffocation, painful constriction of the chest as if the internal parts were grown together.

Dull uneasiness, with great anxiety in the region of the heart.

A sudden sensation as if the heart stood still, with great anxiety and single, violent, slow heart-beats, with sudden, violent beat in occiput and transient unconsciousness.

Abnormally strong, slow beats of the heart, with hard, small pulse.

Contractions of the heart strong and violent, with congestion of the head, roaring in ears, pain in eyeballs, deranged vision and painful stitches in the region of the heart.

Urination scanty, high colored and of high specific gravity; or profuse urine, with frequent urgings to micturate.

Active arterial hæmorrhages, often from the lungs.

These violent spasmodic contractions of the heart are aggravated by movement, but the pulse is strong and hard.

Vertigo, with dimness of vision, often with vomiting and fainting. (This primary vertigo is from contraction of the arterioles of the brain; the secondary vertigo is from emptiness of the arterioles.)

Death from tetanic systole of the heart.

SECONDARY (Atonic Symptoms).

Palpitation of the heart, with pale face, weak pulse and faintness. Tremor of the heart, with feeling of impending death; feeble, almost imperceptible pulse.

The contractions of the heart are tumultuous, irregular or intermittent (the systole not complete; the diastole prolonged), with pain down the left arm.

Pulse soft, feeble, intermittent or irregular or very quick and threadlike.

Palpitation and dyspnoea when lying on left side from any movement or from any emotion.

Exhaustion of the heart-muscle from its violent primary contractions; a veritable muscle-strain, with pain from cardiac myalgia.

Deathly faintness and sinking at the pit of the stomach (from paralysis of the vagus).

Dyspnoea; respiration irregular; sighing difficult; a constant desire to take a deep breath, with short, dry cough.

Hæmorrhage from the lungs from venous stasis, also from other tissues.

Feeble action of the heart, which the slightest movement aggravates, with very feeble or absent pulse. Dilatation and thinning of the heart with empty pulse; dilated arteries, which the blood does not fill, with scanty urine of high specific gravity, with sediment or profuse watery urine.

Jaundice, with clay-colored stools, urine loaded with bile and slow, intermittent but weak pulse.

Death from paralysis in diastole.

For this reason the sphere of the curative action of this group, when prescribed for symptoms and conditions simulating their secondary effects, is wide and far-reaching. But it is futile to expect to get curative results from them when given in the attenuations above the 1x in adults or 2x in children. I do not wish to be considered egotistical, but my experience in treating cardiac diseases enables me to assert that the above statement cannot be successfully

controverted. The following axiom may be relied upon: The greater the enfeeblement of the heart from secondary loss of innervation or loss of muscular power or thinning of its walls the larger the dose required. The maximum dose of the tincture may be stated as ten drops every six hours. The maximum dose of the alkaloïds depends on their nature and inherent power. Digitalin, adonidin, convallamazin, nerein and cactin may be prescribed in some cases in one-grain doses of the 2x trituration every four or six hours, while sparteine can be given in doses of one or two grains of the 1x trituration and with safety continued until the condition of the heart is improved. (In the last edition of my *Diseases of the Heart*, and in a chapter on "Diseases of the Heart in Children," prepared for Dr. Tooker's late work, I have given as clearly as possible the indications for the unproven drugs in the above-mentioned group.)

The action of a group, of which *nux vomica* is the type, will be now considered.

Physicians who have studied the various forms of paralysis and the remedies therefor, must be interested in any logical explanation of the action of *nux vomica* and its congeners. We do not yet know precisely what the action of strychnia is on the elementary structure of the spinal cord on its ultimate cells. But we do know what its primary effects are when given in toxic doses. Briefly recited, there is intense hyperæsthesia of every portion of the body, tonic or clonic convulsions of the whole body, even the internal organs. If death occurs, there is tetanic rigidity to the last. There is at no time during the primary effects anything resembling paralysis of motion or loss of sensation. It is supposed that all the time during this primary action, the spinal cord or its membranes is the seat of active congestion, but this has been denied by several toxicologists. But it matters not to the practical physician just how strychnine causes these symptoms. It suffices for us to know that they originate in an irritation of the spinal cord. The secondary symptoms and conditions of strychnia may be included in one word—*paralysis*. This may consist of many forms, from simple weakness of motion to complete loss of motion; every organ and muscular tissue of the body may be involved, or only one organ or local tissue. Now, how shall we apply my law of dose as applied to *nux vomica*? It is evidently the most homœopathic remedy we possess in spinal convulsions, and also in spinal paralysis.

But, shall we use the same dose for the two opposite conditions? I contend that it would not only be unscientific, but improper.

Hahnemann could certainly not have advised any but the most attenuated doses for the symptoms simulating the primary effects of nux vomica, yet in his article on this drug in the *Materia Medica Pura*, he makes no mention of the dose. Yet he advises it for both its primary and secondary symptoms. I have carefully searched the clinical records of our school, and I find but few instances in which it has cured tonic or clonic spasms of the spinal origin, and in those cases highly attenuated doses were used. Not even an old-school physician would dare to use more than the $\frac{1}{1000}$ of a grain in such cases.

But let us look at the other side. What is the dose of nux vomica or strychnia which will cure paralysis sooner than the *vis medicatrix naturae*? I ask the question in this way purposely, for all practical physicians know that paralysis after apoplexy or spinal injury will sometimes recover unaided by any drug. What we want to do is to cure paralysis sooner than the unaided efforts of the vital forces. I find reported cases of various forms of paralyzes of cerebral or spinal origin treated by the medium and high attenuations of nux vomica, but the duration of the paralyzes during the use of the drug precludes the belief in its curative action. I do not believe that the strychnine group will cure paralytic conditions unless given in the lowest attenuations, namely, as much as will be equal to $\frac{1}{50}$ or $\frac{1}{1000}$ grain of strychnia several times daily. I appeal to the experience of practical members of our school to bear me out in this assertion. I claim that this experience is conclusive proof of the truth of my law of dose.

All paralytic conditions of a spinal origin are due to two causes: (a) anæmia or (b) exhaustion of the cord. Both conditions often exist in the same subject. These conditions may be primary, as, in general, anæmia, neurasthenia, poisoning from ergot, rhus tox., the potash salts (particularly kali carb., kali mur., and kali nit.), or the natrum salts (natrum mur., natrum phos., and natrum carb.).

These drugs are among those which it appears to me do not seem to be capable of causing secondary effects, and therefore should always be used in attenuated doses. But if the anæmia or exhaustion of the spinal cord has been preceded by a period of excitation, irritation or acute congestion, then we must select as remedial agents drugs whose primary effects will cause such excitation, irritation or congestion, and whose secondary symptoms or effects correspond with the case under treatment. Besides nux vomica, ignatia, arnica, brucine, thebaine, oxalic acid and others, there are but few drugs which produce this peculiar irritant action on the cells of the spinal

cord followed by exhaustion, anæmia and paralysis. All are therefore useful in these conditions when the dose is selected according to the requirements of my law of cure. This argument, with illustrations, might be extended indefinitely, but I hope I have cited examples enough to convince my readers that there is an element of scientific truth in the theory I have attempted to substantiate. I have admitted many exceptions, as when certain drugs have properly no primary or secondary symptoms, to which I might add, that in certain low conditions of the organism, as collapse, shock and hæmorrhage, the power of absorption of a drug by the mucous surfaces is so small that a dose of the 1x is not as potent as the 6x when the absorbents are active. That singular condition in some persons called "idiosyncrasy" has much to do with the selection of dose. Patients who in health are not poisoned by rhus are not susceptible to the curative influence of that drug. Some patients are actually poisoned by the smallest quantity of mercury or iodide of potash.

As the law of cure, *Similia Similibus Curantur*, has its exceptions and limitations, so does the law of the primary and secondary action of drugs and the law of dose based thereon.

In conclusion, I hope this brief paper may open arguments on the subject, pro and con, until some decisive rule is reached.

THE TREATMENT OF ASCITES DUE TO PERITONITIS BY ABDOMINAL SECTION.

BY WM. O. McDONALD, M.D., NEW YORK CITY.

(Read before the New Jersey State Homœopathic Medical Society).

SEVERAL articles have been written upon this subject, notably one published by Thomas in the *New York Journal of Gynecology*, January, 1892. In the *International Journal of Surgery*, April, 1893, there is a report of an abstract of an article by Gusserow, on "Ascites in Connection with Gynæcology." In the *Annual of Gynecology and Pediatrics* for November 1893, Talley published an article upon "Exploratory Cœliotomy in Ascites." And finally in the *Year Book of Treatment* for 1893, Richelot is reported as endorsing this method of examination and treatment in ascites, stating among other points that this procedure is perfectly harmless even in carcinoma.

Thomas lays down this rule of practice: "In every case of ascites in woman the propriety of explorative abdominal incision should always be carefully considered, not with a view of establishing a diagnosis alone, but with the reasonable hope of effecting in exceptional cases, a cure."

Gusserow as presented in this abstract objects to puncture as a method to be adopted either for diagnosis or for treatment, stating that he has substituted an incision about six centimetres long to permit of the insertion of the finger.

Talley reports two cases treated by abdominal section; one due to carcinoma died, the other got well. In the discussion in the Obstetrical Society of Philadelphia, upon this paper most of the speakers held that incision was the preferable method of even evacuating the fluid as it cured some cases, the tubercular—or nodular of Gusserow—and permitted operative measures in others which saved the lives of the subjects thereof. Several of the participants insisted that the section was harmless, mischief where it arose being due to subsequent procedures.

None of the writers so far noted by me refer to what I consider to be a matter of importance in the application of this procedure—incision—to the treatment of ascites. The abdominal section is valuable in diagnosis and treatment of ascites which is due to and arises from peritoneal inflammation, and in no other form of ascites.

If it can be determined that the abdominal dropsy is due to organic disease of the liver, heart, or kidneys—to obstruction in fact—then the section has no place.

If the diagnosis still has to be made, if it is uncertain whether peritonitis participates, then I submit that the removal of a small quantity of fluid by aspiration is the proper measure to be followed, the naked eye appearances or the result of microscopic examination being ample to determine whether the additional step of a section shall be undertaken.

While I employ the abdominal section in the diagnosis and treatment of ascites in what I deem to be the appropriate cases—those due to peritonitis—yet I do not agree with Richelot and others who have been reported as having discussed the method, in their estimate of its harmlessness.

It is to be borne in mind that the accumulation of fluid in the peritoneal cavity is in quite a proportion of cases one of nature's conservative measures, and that this cushion of fluid cannot here be removed without great risk of producing promptly disastrous results.

In support of this view I will now submit the histories of three cases which have appeared in my experience and which are to the point.

Mrs. J. H. V., about sixty years old sent for me on March 29, 1889, and gave a history of abdominal pain and distress of a severe grade lasting nearly all winter, and associated in the latter part of the season with an increase in size of the abdomen, and pronounced tenderness to both direct and indirect pressure. The rapid increase in size had produced so much tension that she was clamorous for the removal of the fluid, and upon the 29th, I took away all that could be readily gotten with the aspirator.

One result that followed was that the collapsing wall permitted the recognition of a confused mass, central in location, mainly in the umbilical region, composed of coils of small gut which were fixed in a general way, and rigid after a fashion also; that is a mass of coils of small gut becoming rather rigid was anchored rather closely to the portion of abdominal wall.

After the aspiration she suffered so dreadfully that I was obliged to narcotize her with morphia. In a few hours vomiting began of material, yellow at first, later of a greenish tint, which persisted until she died on March 31st, about thirty-six hours after the fluid was evacuated.

No post mortem was obtained; I reported the case as one of carcinoma, and I am convinced that the removal of the fluid was the exciting or determining cause of the prompt demise. The protective cushion of fluid being removed, the contact of the organs and abdominal wall with the acutely inflamed serous membrane producing a rapid aggravation of the peritonitis general in extent—which thus proved promptly fatal.

It can be truthfully said that it was no great misfortune for her to go out of the world so soon; at the same time it goes without saying, it was neither my expectation nor intention that she should. Her case may be cited to show that even aspiration may be dangerous.

A little spaniel was observed to be getting very bulky; later it was noticed that the increase was becoming mainly abdominal; later, general emaciation was noted, with continued abdominal growth; finally, to the extent of a gain in girth of half an inch daily.

The contents of the belly were fluid in the main, apparently, excepting one lump, which floated, coming to the wall of the abdomen, to the right of the median line, and anterior to the umbilicus.

An abdominal section gave vent to a great quantity of bloody serum, and disclosed a tumor some three by three and a half inches,

located between the layers of the peritonæum between the colon and the stomach, and also that the parietal layer of the peritonæum was studded with polypoid vascular growths from five to seven-tenths of an inch in diameter. With a diagnosis of malignancy the incision was closed and the little animal died in five hours time.

Mrs. D., about 40 years old, was referred to me in August, 1892, with the statement that two tumors, "benign sarcoma," had been removed by an abdominal section from the pelvis at the Christmas holiday preceding.

In May she was getting fat, and she observed that the abdomen was growing in size more rapidly, until her girth has increased to forty inches at the level of the umbilicus.

The circulation, respiration, ingestion and digestion of food were interfered with; the pulse had gone up to 120, the temperature to 102°.

The abdominal enlargement simulated a thin walled cyst; fluctuation was general, not interrupted; there was a small, fixed area of resonance in each flank.

By vagina the cervix was in the centre of the pelvis; there was a hard mass posterior to it; by the sound the body was erect.

For several weeks after the holiday operation, it is stated that there was a discharge of very offensive pus from the rectum.

There was one small nodule in the abdominal wall to the right of and below the umbilicus.

There was no œdema of the limbs or face.

Aspiration being objected to, a section of the wall of the abdomen was made on August 22d, giving vent to an enormous quantity of bloody serum, and disclosing several vascular masses in and upon the peritonæum. The intestines were mutually adherent and also attached to the posterior abdominal surface, consequently they could not float. The uterus was normal in position. There was peritonitis everywhere. No great amount of investigation was made, and the wound was closed.

Great pain followed. Morphia gave imperfect relief. Vomiting came on and lasted until she died, seventy-two hours after the operation was done.

Here are three cases, two of which go to show that Richelot's comfortable assurance of the harmlessness of the section is not correct, while the other case demonstrates that the removing of the fluid by tapping can be just as disastrous as by section.

Here I may quote from Thomas's article: "Explorative incision

practiced with the antiseptic precautions now at our disposal is not a dangerous procedure. If a good result attends it, a saving of life is the outcome; if it reveals an incurable organic disease, no evil will usually occur; and even if a fatal issue should be its consequence, we will be forestalling death by a short time only in a praiseworthy effort at the securing of life."

This paragraph sums up the matter very fairly, in my opinion, and I will now add some comments of my own upon the method:

Explorative cœliotomy is, in my judgment, the proper and only method of dealing with ascites of peritonitis. If the inflammation is due to tubercle, the peritonitis nodes of Gusserow, section, evacuation and drainage often appear to suffice for a cure. If it be due to an ovarian or other benign tumor, which can be removed, the section permits of the diagnosis and facilitates the operation. If the serous inflammation is only one of the sequences of malignant disease, we can probably get no further than the diagnosis of it; but it should be borne in mind that this or any other operation which removes the fluid is liable to be followed by such aggravation of peritoneal inflammation as may entail a fatal issue.

And further, in my opinion, it should be stated, that even if the peritonitis is excited and maintained by an innocent growth, if this growth is inoperable, cannot be removed, section and evacuation of the fluid will probably be followed by a serious and perhaps fatal aggravation of the serous inflammation.

As illustrative of the favorable influence of abdominal section in permitting of the removal of the exciting and maintaining cause of the peritonitis, which produces ascites, I will now give the history of two cases which came to me with the diagnosis of ascites simply in one case, and of abdominal dropsy dependent upon contracted liver in the other.

In 1891 I was requested to examine and tap a woman sixty-two years old who had presented an abdominal enlargement for eighteen months, which had been diagnosticated as ascites. During this period she had suffered many attacks of peritonitis; her girth at the level of the umbilicus was fifty-eight inches; the umbilical cicatrix was protuberant; the skin of the belly was rough and inflamed from tension. I thought the intestines floated and produced an area of resonance superiorly in all positions. There was no depression of the roof of the pelvis nor of the cul-de-sac.

The distension was so great that the functions of respiration, circulation and of the abdominal organs was greatly interfered with.

On account of these I determined to do the tapping, which the attending physician requested. Before the aspiration a mass could be felt in the right side of the abdomen, and after the removal of 18 quarts of fluid this mass became much more perceptible. There were peculiar and interesting features in this case which I will not recite.

About one month later I made a section which released a great quantity of bloody serous fluid, after the escape of which a polycystic growth representing the right ovary came into the incision and was removed.

There was an intense degree of peritonitis pretty much everywhere, particularly in the lower end of the abdomen. Many of the coils of gut were more or less rigid from the results of the inflammatory action. Inasmuch as the umbilical cicatrix was thin and attenuated, I cut it out completely, closing the abdomen with silver wire and catgut sutures for the skin.

The patient was very ill for a number of weeks after the operation, the ascites returning to such an extent that the line of union in the abdominal wall yielded below the level of the umbilicus from the pressure forming a ventral hernia.

After a time the fluid was absorbed and discharged by the kidneys and skin, and at the end of three years she had recovered her health entirely excepting the hernia, which still persists.

In 1893 I was requested to take charge of a woman of seventy years, upon whom tapping had been done two weeks previously for the removal of an ascitic accumulation. It was then determined that, inasmuch as no abdominal tumor was to be made out and that a very small area of liver dulness existed, the ascites was due to atrophy of the liver, and a hopeless prognosis was given.

About five months before I saw her the abdomen began to enlarge and continued to do so up to the date of the tapping, when the girth was 45 inches, and now, after the lapse of a fortnight, it had gone up to 40 inches.

The areas of abdominal fluctuation were rather limited; the area of resonance in the region of the transverse colon changed somewhat with position, but did not go into either flank. There was a central abdominal projection upon attempting to get up from the supine position. There was a vague mass in the lower part of the abdomen. The body of the uterus could not be defined. There was no depression of the roof of the pelvis or of the cul-de-sac and no fluctuation across the abdominal wall to the vagina.

The urine had gone down in quantity to less than a pint in the twenty-four hours, all the fluid going apparently into the belly.

After a section was made, the usual gush of a large amount of bloody serum ensued; the omentum, fatty and thickened to an inch on the average, excepting a tail or margin, where there was no deposition, presented in the gap. There were many frail adhesions of the omentum and gut in various places, which produced a vague sort of imperfect encystment.

The peritonæum, deeply colored, roughened and inflamed pretty much everywhere. The vague mass in the lower part of the abdomen was composed of the omentum and gut, but in the pelvis there was a set of cysts, some half dozen, perhaps, a multiple cystoma of the left ovary. These were frail in structure, rupturing very easily, with contents varying in each sac. The right ovary was normal. I could not reach the liver. I did not see the large gut.

After removing the cystomata the incision was closed with silk-worm gut, catgut for the peritonæum and fascia and again for the skin.

There was some febrile reaction during the first week. Much ascitic accumulation for two weeks; but from that time she convalesced steadily, until in six weeks she began to walk about, and in three months from the date of the operation she said she never had been in better health.

It may be said of these two cases that they were both cases of ovarian cystomata, which did not admit of any other mode of management. That is, no doubt, true, but they came to me as cases of ascites, with an equally hopeless prognosis in the minds of their medical attendants, and both were so obscured by the ascitic accumulation that there was little probability of the true pathology being disclosed by anything short of an autopsy.

For a number of years past it has been the fashion among gynecological surgeons particularly, to condemn the use of aspiration and tapping in the diagnosis of abdominal tumors. While tapping by the trocar can, perhaps, be safely rejected, I submit that there is still a field for the use of the needle of the aspirator. In my judgment the aspiration and the abdominal section do not interfere where each is properly used in dealing with cases of ascites.

Supposing that the diagnosis of ascites is admitted, if the accumulation is due to organic disease of liver, heart or kidneys, it certainly will be useless to submit the patient to a section; if, on the other hand, a small quantity of the fluid from a dropsy of peritoneal origin

is submitted to a microscopist, he can readily decide its source by examination, and thus warrant the surgeon in proposing the abdominal section for the purpose of further investigation.

SOME CONSIDERATIONS CONCERNING THE THERAPEUTIC USES OF WATER.

BY C. R. NORTON, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society, State of Pennsylvania, September, 1894.)

It was my intention to detail a few cases in which I had employed water as a therapeutic agent, and to speak briefly about some of the uses of water in medicine, but I have been so impressed with the testimony favoring the use of cold water in typhoid fever, that my paper has resulted in, *practically*, a plea for the cold bath in this disease, though I shall include in the paper a case of broncho-pneumonia so treated.

I wish to speak first, however, of the *rationale* of the action of the cold bath in febrile conditions. It is, perhaps, often supposed that the principal value of the cold bath in fevers consists in its power to reduce temperature. This is, however, not the case. The ability of the bath to reduce temperature is a most valuable factor, but the various antipyretic medicines also possess the same power, and yet they lack the ability to produce the entire effect of the cold bath, and therein lies the great defect in the application of such medicines. The real and greatest good of cold baths in fevers is the power which cold water has to stimulate the nerve-centres. This power is due to the reflex excitation induced in the nerve-centres by the action of the water upon the skin, the general beneficial effect being increased by the constant rubbing. It is not by any means the high temperature which creates the dangerous conditions found in typhoid and other infectious fevers. It has been shown that animals may be kept in a state of artificially induced high temperature for a long time without being seriously affected, and we are learning at a comparatively recent date that the profound systemic disturbances existing in these fevers owe their being to the intoxication by the products of the diseased action within the organism to the absorption by the system of the bacterial poison.

Cold baths, by their influence upon the peripheral nerve termina-

tions, reflexly stimulate the nerve-centres, and so energize the central nervous system that its action becomes more vigorous, and it is better able to endure the depressing effects of the various toxic products of the disease. All the life-centres are stimulated, and the patient is thus enabled to outlive the disease. The beneficial effect upon the heart is very great, for, not only does this organ experience the relief gained by the dilatation of the bloodvessels of the skin caused by the friction, while in the bath, but its innervation is strengthened. It does not appear that, in all cases of heart weakness in typhoid fever, there is decided degeneration of heart muscle, but that such failure is, many times, due to lack of efficient nerve stimulation. Thus, as an effect of the cold bath, the heart's action becomes slower and stronger, and the arterial tension increased. It was in the year 1861 that Brand promulgated his cold-bath treatment of typhoid fever. It met with the usual opposition, common to any new therapeutic method, and is, as yet, in England and America, very little used; but, in Germany, France, and Austria, it has been extensively employed. Brand declares that there should be no mortality in typhoid fever with cases treated by his strict method before the fifth day of the disease; and he cites one series of 2150 cases so treated without one death. Cases under such care, after the fifth day, are not so favorable, but the percentage of recoveries is far in advance of that of any other treatment.

I will give in brief the essential features of the method:

1. The bath tub must be long enough for the patient to lie down in, and the water at the temperature of 65° F.
2. Patient to be bathed for fifteen minutes once in three hours, when the temperature in the mouth reaches 103° F.
3. Face to be washed with ice water before entering the bath.
4. While in the bath, the patient to be constantly rubbed by the attendant, except over the abdomen, and a few times during the bath to have poured on the head and shoulders a basin of water at 50° F.
5. When finally taken out of the bath, to be placed on a linen sheet spread on top of a blanket, and covered with sheet and blanket with a hot water bag at the feet.

There are, of course, modifications of this method. Patients coming under treatment late must have the water five or ten degrees warmer for the first few baths—and perhaps for all of them. The individual must always be considered—the age, sex and general condition. In threatened heart failure, the baths must be warmer, and the affusions of colder water used more copiously; the heart is

thereby greatly stimulated. Brand does not always, in the first days of the disease, with even vigorous persons, begin with the water at 65° F. Children do not endure this temperature of bath; it must be considerably raised, and, in many instances, the cold pack will answer all requirements.

By these means, typhoid fever loses much that is of characteristic manifestation. The tongue remains pale and moist, the appetite good, the diarrhœa is slight, meteorism little marked, mind clear, strength good, hæmorrhages of rare occurrence. Contraindications for the bath are not many—severe pleurisy, perforation, marked hæmorrhages, and, occasionally, the lack of power to react after the bath.

I regret to say, that I have never treated a patient with typhoid fever after the strict method of Brand. I have used the ice-coil and cold spongings; the latter systematically in a number of cases of moderate severity, with the effect of modifying the temperature by about one degree. The last case, however, so treated died in the third week of hæmorrhage from the bowels, the attack coming on violently, and the patient living only about two hours.

In December, 1886, I treated a young woman of 20 years for a typhoid, which ran a severe course from the beginning; the evening temperature soon averaging 104° F., and a half degree lower in the forenoon; on the thirteenth day of the fever, the temperature fell one degree, and averaged lower, to this extent for four days, when it rose again, and at 1 o'clock at night on January 3d, she had an axillary temperature of 107½° F. The pulse was 160, the respiration 60 and shallow, and she was unconscious. I immediately had the bed prepared with a rubber sheet, had the patient stripped and covered with a doubled sheet wet with hydrant water, and then with a pitcher of water at the same temperature which, in winter, is not far from 45° F., poured the cold water over the sheet, in small quantities, until the temperature of the body was reduced very considerably; with this fall of temperature consciousness returned, heart and respiration improved, and the immediate crisis was passed. She was then wrapped in a blanket; the temperature rose in a few hours, but not above 105° F. The cold pack was again employed, but after a few times she bore the application so poorly, that we were forced to suspend its use. Finally, however, by means of the employment of small doses of antipyrin the tendency to high temperature was controlled, and the girl ultimately recovered. I do not relate this case as a model one, by any means; while there has never

been a doubt in my mind but that the use of the cold pack and affusions saved the patient's life, I later recognized that the process of cure was a very dangerous one, and that it might have been fatal; had I employed friction of the body with the hands while the cold water was being applied, and rubbed until there was good reaction, I could have longer continued the packs and with safety, but I missed this valuable factor of the treatment.

A case of broncho-pneumonia, treated by means of the tub-bath, and, with the correct method, afforded me more satisfaction: E. M., æt. 14 months, had an attack of broncho-pneumonia in January, with persistent high temperature for over ten days; the rectal temperature once reaching 105.5° F., and averaging 103.5° F., in A.M., and 104.5° F. to 105° F., in P.M. In this instance, I finally used hot foot-baths of mustard water, with the apparent effect of hastening the resolution of the disease. She was quite well for two or three weeks, when I was called, on February 13th, and found she had some cough and slight fever. She grew slowly worse; a broncho-pneumonia set in; pulse ranging 144 and upward; respiration, 86 to 90. The hot mustard foot-baths were again employed, but with no effect whatever. On February 20th, at 2.30 P.M., temperature was 105.7° F.; and at 6 P.M., on the 20th, temperature again 105.7° F. Child was sleepless, nervous, flushed, startled almost into convulsions on being moved; seemed to be afraid she would fall. I began at this time the use of the tub-baths, with the water at 90° F., cooling it gradually to 80° F., while the child was in the bath, and keeping her in the water till the rectal temperature fell to 102° F. Gentle friction of the body was made with the hands while she was in the water. She fell asleep in the first bath, and slept afterward when removed and wrapped in the blanket. For ten days the child was so bathed, each time the temperature reached 103.5° F. Her general condition began to ameliorate; the tendency to high temperature to occur less often; the pulse and respiration rates to improve, and the recovery was rapid, the lung inflammation entirely resolving. I gave whatever remedy seemed to be indicated, from time to time, but considered that the recovery was mostly due to the baths, since the effect was so decided and prompt.

A LEMONADE FOR DIABETICS.—In the *Berliner Klinische Wochenschrift*, No. 35, 1894, the following formula is given as an agreeable beverage for diabetic patients: Pure glycerine, 20 + 30.0 (5ijss-5j), citric acid, 3.0 (grs. xlv.), and water to make 1000.0 (3xxxjss).

TUBERCULAR INFECTION THROUGH THE PLACENTA.

BY ROLAND T. WHITE, M.D., ALLEGHENY CITY, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

ARE tubercular diseases inherited by infection in utero through the placenta? Or, to express the thought more plainly, does tubercular inoculation come from bacilli received through the placental circulation?

My only explanation in presenting this subject to your consideration lies in the hope that it may call forth discussion, stimulate reflection over opinions formed—perhaps unconsciously in the busy round of daily experience—and accentuate the value of facts gleaned by long observation, so that the search-light of truth may be turned upon a subject fraught with opinions and of such vital importance to the posterity of our race.

That tubercular troubles are hereditary has so long been accepted as an unassailable fact, with much in daily experience to verify the traditional principle, we are naturally led to receive it as an axiom not to be questioned. The tendency of the nineteenth century scientist to weigh all questions with analytical precision and measure by mathematical rule all substances within the reach of the microscope or test-tube has caused expressions from modern observers contrary to the most cherished popular opinions and beliefs.

From the time of Hippocrates and Aretæus, who termed all wasting diseases accompanied by glandular suppuration, phthisis, until Laënnec gave to the world his discovery of auscultation, tubercular diseases have received a large share of thoughtful attention.

Koch's discovery, in 1881, of the tubercular bacillus and its relation to tubercular diseases cleared the horizon of investigation of many traditional theories and solved what heretofore had been much of a puzzling mystery.

There still remains, however, many hypotheses to be demonstrated, suppositions to final analysis. Heredity has been described as implying a morbid predisposition which has arisen in the ancestor before and has been transmitted to the offspring, becoming modified or intensified by descent and sex. A case of pulmonary tuberculosis can often be traced to family diathesis or idiosyncrasy—for what family can boast of a clear hereditary history free in all its

lines from dyscrasia of some kind—but if a case develop tubercular disease in early life would we say the disease was inherited? Has a germ been sown in the form of some special micro-organism before birth, passing to him through the placental circulation, remaining dormant or encysted through an indefinite term of years, to be developed when least expected? Or, is this merely a condition of susceptibility, weakened reactive powers and depressed vital force, which creates a ready soil, proteid-pabulum, for the development of the bacillus.

The microscope demonstrates that the most common form of inoculation of the tubercular bacillus is by desiccated sputum, so we would infer from the number of consumptives who go expectorating about the streets of our cities and towns, that a considerable amount of the poison is disseminated through the average atmosphere and that constant exposure to inoculation is the result, thus demonstrating that the dynamic forces in reasonable health are strong enough and superior to even persistent exposure to the bacillus. General tuberculosis has been found to be congenital in a few instances during the past five years. Ref. *Hand-Book*, M.S., vol. ix., reports tubercular bacilli found in the blood, associated with diffuse miliary tuberculosis.

It is conceivable that a woman affected with this form of the malady might communicate it to her unborn child through the placenta. Dr. Compton, of Washington, D. C., gives several cases in a recent article in *Food*. One cited by Birch-Hirschfeld, where the mother dying of general tuberculosis, the child was removed by Cæsarean section during the last moments of the mother's life. The autopsy upon the mother showed acute general miliary tuberculosis, while portions of the liver, spleen and kidneys of the fetus, transplanted into the abdominal cavity of two guinea pigs and one rabbit produced tuberculosis.

He also cites from his own experience, two cases touching upon this subject, viz.: Infection received in one instance from the father and in another from the mother. The child in the latter case being inoculated in utero, mother and child both dying as in the case of Birch-Hirschfeld. In the other the child lived but a brief period, a suppurative parotitis terminating its life. The mother was healthy but the father had a history of tubercular progenitors and developed pulmonary tuberculosis. More conclusive evidence is necessary than is illustrated by the history of this case—that the father caused inoculation at conception,—to make the theories worthy

of argument; the child dying from suppurating glands was simply a coincidence. Such an authority as Dr. Bernheim says, there is no such thing as genuine inherited tuberculosis.

The development of the foetus is one of the most wonderful and intricate proceedings of nature, demonstrating in the processes the extreme antagonism and jealous watchfulness against all extraneous influences, by the most perfect method of active nutrition known to science. Instances of families where one child after another reaching certain years succumb to tubercular disease, one or the other of the parents may be tuberculous, but frequently both parents are healthy. These children, in many instances, pass an active childhood until puberty is reached, when a decline sets in, the vital forces lose their reactive powers, nutrition is impaired and a favorable soil established for the development of the bacillus.

Other striking anomalies are, those children, born to tuberculosis parents, who develop into fairly healthy adults. I have observed, in my own experience, several children born to women with decided pulmonary disease, localized consolidation, cough, with characteristic sputum, hæmoptysis, cardiac irritation, and urinary complications, where the children have remained, so far, comparatively healthy, with fair prospects of attaining adult life. I shall not trespass further upon your patience, by multiplying statistics which come to the experience of most practitioners. It is patent to all investigation of this subject, however, that the position of scientific observers at the present time have placed tuberculosis in the list of directly contagious diseases, and inheritance is only a traditional factor, singularly interesting in the reverential respect so long bestowed upon it by both the doctor and laity.

The foregoing is summed up under the following arbitrary heads, not to emphasize theories, but to stimulate the presentation of facts from your experience, viz. :

First.—Tuberculosis, *per se*, is not a directly inherited disease, by inoculation through the placental circulation.

Second.—Apparent inheritance is simply a deterioration of nutritive activity, or diathesis, causing a vitiated systemic state, which, consequently, lacks the usual inherent reactive forces.

Third.—In general, diffuse, miliary tuberculosis there may be conveyed directly, through the placental circulation, tubercular bacilli, thus inoculating the foetus in utero.

Since it is not the intention or province of this paper to discuss a subject of such magnitude and variety of methods as the treatment

of tubercular diseases, I will only touch upon the proven facts of prevention, which may simply mean, creating the highest possible state of active nutrition, attained by careful prescribing and selection of food, climate, bathing, fresh air, and exercise, with the proper sanitary isolation from external contagion, and precautionary measures against auto-inoculation.

This attention to adjuvants, reinforced by carefully selected indicated remedies, which, in reality, reach the underlying principles by destroying morbid energy through increased dynamic activity, thus nutrition reaches its most perfect form, the blood-currents are purified, and the system rendered aseptic to the action of micro-organisms.

Bacteriology has done much in discovering the nature and cause of tuberculosis, but little advancement has been made in its cure, and the *rationale* would seem to be reached in preventing a susceptible systemic state.

[NOTE.—Since writing this paper, an editorial appeared in the *American Medico-Surgical Bulletin*, emphasizing in part the thought I have attempted to bring before you.]

SOME THOUGHTS ON MATERIA MEDICA.

C. S. SCHWENK, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania).

THAT which prompted the writing of this paper was a desire to go back over the old ground and revive a few of the things which make the application of the indicated remedy a success in the treatment of the sick. There will be no startling revelations, no new discoveries, nor any elaboration upon the "giant strides" of progress made in medical science. It will contain only a few homely and commonplace remarks suggested by the *Organon* and prompted by practical experience. It does not even possess the merit of originality but rather presents the writer in the humble light of an interrogator, one curious to have many questions answered.

Why does the indicated remedy fail?

Is it because we go to extremes and either grovel, as some express it, in the tinctures, or airily soar away on a potency with the thousand or even the million as its exponent? They call one a mongrel

and the other an ultra-homœopath, each equally foolish in the estimation of the other. Opponents fighting the bitter war of ridicule and accomplishing nothing but personal enmity. Is any progress made by pursuing such a course? Is it not about time that we at least flatter ourselves with a degree of intelligence which will lift us above such craftiness? The indignant potentist speaks of his compeer sinking into the mire of tinctures, fluid extracts and alkaloids until he becomes a skeptic and materialist while the alkaloid man is jocosely horrified at the intrepidity of his infinitesimal friend toying with the dynamic derangement of the millionths.

Does this savor of progress? Just as long as we abstain from the friendly discussion of the potency of our remedies just so long will we retrogress in *materia medica*. The strength of a remedy is almost if not quite as important as its selection. If too strong or too crude, the case may at once be spoiled by aggravation. If it is too highly diluted, doubt of its being the indicated remedy, by its inefficiency to produce any result may lead to the choice of another. Failure in each instance attributable alone to the strength in which the remedy was employed. Instead of going to extremes would not a medium course appear more rational where remedies varying in dilution from the third to the thirtieth were used? If the physician employing the very low dilutions and tinctures should adopt such a course he might find that necessity would make of him a more accurate prescriber, while the high dilutionist by pursuing a similar course might save much wear and tear on his imagination.

Would not much be gained in our acquirement of the homœopathic *materia medica* if cases, even the most commonplace, were accurately reported, giving a careful delineation of the symptoms together with a differentiation of the remedies suitable to the case, their dilutions and the frequency with which they were repeated? By so doing would we not in time become better satisfied with our *materia medica*, find in it fewer inaccuracies and grow far better qualified to treat the sick?

When a remedy is indicated in a case of sickness no one patient manifests all of the symptoms true of the remedy. It is usually five or six and sometimes less that favor the selection. Largely because of this much fault has been found with the apparent superabundance of material furnished by our *materia medica*. Let us select arsenicum by way of illustration. Each time it is called for in different patients it may be found indicated by different sets of symptoms true of *ars*. Select a *materia medica*, Hering's condensed is

convenient for the purpose, and record all of the symptoms in the different cases cured by arsenicum by placing a star alongside of the symptoms found in the book and in time a star will be found alongside each symptom printed, plus a number of extra symptoms on the margins of the pages. The characteristic symptoms will be noticed by the large number of stars attached to them. This is one way of studying materia medica by which we may get the individuality of the remedy. There is no question about the amount of labor involved. It requires an enormous amount of work to gain a proper understanding of the homœopathic materia medica, but with it goes a compensation in ratio with the ability to cure the sick. A source of common error and failure to procure results with the indicated remedy lies in the fact that the whole power of the remedy is not understood. A remedy may be correctly applied to a case and if a new symptom appears it is too often regarded as a complication while it is only a part of the whole and covered by the same remedy. Failure to appreciate this fact is invariably disastrous to the patient. This may be illustrated by any remedy in any form of disease. Let us suppose a form of enteric fever calling for hyoseyamus, the selection having been made by a few characteristic symptoms such as the following: trembling and twitching of the muscles. Farrington regarded this as a necessary symptom of hyosc. I have never seen a case calling for hyosc. where this symptom was absent. In taking the pulse you are impressed by the twitching of the tendons under the fingers.

The patient imagines he sees people who are not present and who have not been present. He mixes the identity of those present, calling one by the name of another, and often regarding a personal friend as a stranger and *vice versa*. At times he may refuse the medicine fearing it is poison. He may be lying quietly in bed when suddenly without any warning, he will jump from the bed, and may strike those about him in his endeavor to escape. Patient seems terrified. He may be partially aroused. In this partial rationality so many have spoken of the following symptoms, that I have come to regard it as one quite characteristic of hyosc.: odd little people or gnomes, about one or two feet high are seen gamboling along the foot-board of the bed or clinging to the frieze of the room watching the patient and terrifying him. One patient would have jumped from the window to have escaped them, if the nurse had not caught him about the waist and held him. This patient was promptly relieved and cured by hyosc., 30th, in water, teaspoonful every half

to one and two hours. The above symptoms were clinically observed and noticeably, they are almost entirely confined to the mental sphere in order to better illustrate the statement previously made, *i.e.*, a remedy may be correctly applied to a case, but if a new symptom appears it is too often regarded as a complication, while it is only a part of the whole and covered by the same remedy, which would do all the work in a most satisfactory manner if but allowed the opportunity.

Suppose a case manifesting the symptoms enumerated above, would suddenly present symptoms of a weak heart; pulse slow and small, intermittent, scarcely perceptible. If for this we use a cardiac stimulant or tonic, we not only spoil the case but actually endanger the life of the patient in two ways: first, by the reaction of the stimulant possibly followed by heart-failure, or, by placing the nervous system in a condition antagonistic to the best action of the delicately potentized remedy, thereby destroying the patient's opportunity of getting the full action of the remedy which would cure him. Turn to the heart symptoms of *hyosc.*, and see if the remedy selected by the mental symptoms will not meet all the requirements of the case.

Suppose the same patient becomes sleepless, first see what *hyosc.* will do for you before resorting to opium, the bromides, chloral or sulphonal. Suppose in the same case, symptoms of inflammation of the brain or meninges appear, or the lungs become engorged by hypostatic congestion; the urine and *fæces* escape involuntarily. These are not to be regarded as complications; they are one and a part of *hyosc.*, and that remedy if given singly, in a reasonable dilution and at proper intervals and allowed free and uninterrupted action will remove them all and promptly cure the patient.

One of the most difficult of all things to acquire in the treatment of the sick is the ability to wait. This has been greatly ridiculed and justly so in some instances, but in it lies one of the greatest secrets of success. How often is a sickness prolonged or death hastened by a desire upon the part of the friends of the patient and unfortunately, to the discredit of the medical profession, by the physician himself getting confused and excitedly trying to force an improvement, when in his sober judgment he knows that force avails nothing.

The ability to wait is born of the appreciation of improvement in a patient. Unless this is keenly observed, a change of remedies may be made to the disadvantage of the patient. We may wait for

a half hour, a day or a week, and in some rare cases even longer, for the action of a remedy according to the acute or chronic nature of a malady. However, practical experience scarcely substantiates the theory of waiting for a month for one dose of a remedy to act. In carefully reading the reports of such cases we are often impressed with the fact that less importance is attached to the selection of the remedy than to the extremely high dilution and single dose. It would seem that the workmanship surpassed the material.

While no endeavor is being made to underestimate the claim that one dose of the 40th thousand will cure—in time, yet most of us feel that such ability arises from an occult power enjoyed by only a select few. If we are to judge from claims made and reports circulated, there can scarcely be a doubt about the physician prescribing one dose of the ten millionth being equally as successful as the one who culls his medical knowledge from the different *materia medica* issued by the wholesale druggists of the land.

It is a question of vital importance if a far greater number of patients have not been killed outright by hasty treatment than ever died by judicious waiting, as exemplified in the extreme, by the expectant treatment giving a lower mortality than empirical drugging, while the intelligent use of the indicated remedy is immeasurably superior to either.

"HEAT"-FEVER.

BY W. J. MARTIN, M.D., PITTSBURGH, PA.

(Read before the Homœopathic Medical Society, State of Pennsylvania, September, 1894.)

DURING the protracted hot weather that prevailed with scarce any intermission from about the middle of June until after the first of September this year, there came under my care a number of cases in which I concluded the illness was due to excessive heat, and which I pronounced to be cases of heat-fever. They were not cases of sun-stroke, but were in the stage that would precede a stroke if exposure to high heat—either solar or other—were persisted in, for sun-stroke does not, in all cases at least, set in without warnings, which warnings are about as follows: The usual work becomes burdensome, there is debility, loss of appetite and generally great thirst. The head aches and is dizzy; the chest feels oppressed with shortness of breath and sighing; the throat gets dry and swallowing is painful;

the voice becomes weak ; there is general anxiety and irritableness of mind ; numb feeling in the extremities, restless sleep or great drowsiness ; nose-bleed, redness of the conjunctiva, pale face alternating with redness, tottering gait, giving away of the knees. Many complain of great goneness at the stomach, others have nausea and vomiting ; pain in the bones, perhaps diarrhoea with cold perspiration ; oftener the bowels are constipated. The mind becomes clouded and he answers confusedly. If for such and similar symptoms nothing is done, the stroke will surely and speedily follow, unless a change to cool temperature should head it off.

All of these symptoms will not be found in any one case, and different symptoms assume different rank in different cases, but the flushed face, headache, giddiness, intolerance of light and sound, heat of skin,—almost burning the hand that is laid upon it, and pain in limbs and back, I would consider uniform symptoms with any or all of the others enumerated and many not enumerated, as likely to crop out during the course of the illness.

The predisposing causes are said to be, want of acclimatization, lengthened exertions, deprivation of water, the free and habitual use of alcoholic drinks, debility, fatigue, bad ventilation, improper head covering and clothing.

While the general experience in the United States shows that habitual excess in alcohol very strongly predisposes to heat-fever and to sun-stroke, some of those who have had widest experience in India are inclined to deny this. It has been especially noted in India that persistent bodily fatigue greatly weakens the resisting power of the European. As an instance of this, is cited the case of the Forty-Third British Regiment during the Sepoy rebellion as recorded by its surgeon. The regiment had made a most extraordinary march of over eleven hundred miles, chiefly through the lowlands of India, and at the hottest season of the year. This march was continuous, with the exception of a few brief halts. No cases of sun-stroke or of heat-prostration occurred until nine hundred and sixty-nine miles had been traversed and the men had become thoroughly exhausted and markedly emaciated. Shortly after this the regiment rested some eight days and then started again, arriving soon in a narrow ravine with precipitous walls nearly a mile in height. During the day the thermometer in the tents ranged from 115° to 127° , and on one occasion was noted 105° at midnight. The number of cases of insolation now became very great, and although most of them recovered, two officers and eleven men were lost in the

four days during which the regiment remained in this place. The air became cooler as the command emerged from the hills, yet seven more fatal cases occurred in three days."—Pepper's *System of Medicine*.

In treating a case of heat-fever I have found two things very important, viz., to place the patient in a cool, quiet room and to give him frequent cold spongings all over the body, but more especially the head and spine. These spongings are very grateful to the patient, enabling him to rest and sleep and always lowering the temperature. Also applying cloths dipped in ice water to the head when aching badly always moderates the pain at once. Eating cracked ice is good and if vomiting is present aids in stopping it.

The following cases illustrate the subject and show the great variety of symptoms these cases may exhibit:

Charles S., a sober, industrious man of about 35 years, previous health good, sent for me July 26th, present year, and gave me the following history: Had been working for some days painting the outside of a house, an occupation to which he was unaccustomed, having been idle all summer. For several days he has felt very tired, which he thought due to the work, but the tiredness increased and yesterday he was obliged to quit and come home, as, in addition to the tiredness, there was now added headache, backache, fever and loss of appetite. I found him at 10 A.M. with a temperature of 102.3°, pulse 90, headache as though it would burst, dizziness on rising, so much so that he cannot sit up for a minute, aches all over, does not feel like moving, anorexia complete, not much thirst. R. *Bryonia* 1.

Second day: Is much the same as before, with a new symptom added, viz: he now has a violent cough which hurts him in the abdomen and head; he holds the abdomen with his hands when coughing; the cough is accompanied by a heavy gray expectoration, which sinks in water and is quite abundant in quantity. This cough was not noted the day before, and yet the character of the expectoration would lead one to think that it was an old cough. A careful examination of the lungs failed to discover anything wrong there, but to see and hear him cough made me suspect pneumonia. Bry. was continued.

In the evening I was called to see him again. Found his face very red and the head aching violently; his body was hot all over with a pungent heat; cough the same. T. 104°, P. 96. R. *Bell.* 1, and to be sponged all over with cold water frequently.

Third day : Feels better ; had some rest last night, sleeping after midnight. T. 101°, P. 96. Continued bell. 1.

Fourth day : Said he had a bad night, no sleep or rest for the aching in lumbar region ; headache insignificant. T. 100°, P. 90. *R̄. Rhus tox.* 3.

Fifth day : Backache better ; headache better ; but the cough no better ; the expectoration is profuse and foul tasting ; he cannot eat, nothing tastes good ; no taste to anything ; foul taste in the mouth and foul smelling breath. His symptoms appear to be "ever changing." He craves fresh air, but fears chilliness, and as the febrile symptoms are about all gone I prescribe with great confidence the little wind-flower, *pulsat.* 1. This was adhered to for three days, despite the fact he got no better ; but he got no worse. He was still dizzy, had no appetite, and the cough continued, though daily examination of the chest failed to discover anything wrong with the lungs. The cough I ascribed to a trachitis and of no serious import. *Phos.* 12 was now prescribed and continued four days. During this time the temperature was normal in the morning and 99° or a fraction more in the evening. Pulse normal while lying ; never found him in any other position, because of the dizziness ; the appetite did not improve, nor did the cough very much.

On the night of the 3d of August he had a very profuse and very offensive sweat. This and the lack of reaction led me to give a dose of *psorinum* 200 and wait for a few days. I also made an effort to push the feeding, as he had taken practically no food since he took sick, and even yet had no desire to do so. Everything that was prepared for him was repugnant and refused. I now directed that three times a day a fresh raw egg be broken into a glass and from three to four ounces of claret poured upon it, and this be taken at one drink, pouring it, as it were, into the stomach. This worked very well for one day, and that night he slept well. The next morning he took his egg and claret, and got as "sick as a dog," and vomited the whole thing up. He was now thoroughly discouraged, declaring he would eat nothing again until he had a desire to do so. I agreed with him and advised him to get and eat sparingly of anything whatever that he should feel a longing for. *R̄. Ipec.* 3.

Next day feeling better. *Ipec.* 3 continued. The next morning he said he had felt very good the previous evening and had a desire for sardines, which he had eaten with some rye bread and relished, but he does not feel nearly so well this morning. It struck me quite forcibly that this man had not been getting the remedy he

should have lately, or he would be improving in a more satisfactory manner. A pretty thorough questioning brought out these prominent features: Always feels worse mornings after he gets up, though he always wakes between 4 and 5 A.M. and feels good at that time, but after dozing until getting up time he does not feel well. His cough is worse in the morning, at which time the cough makes him gag. Has no desire for food, except something strong like sardines, cheese, ham, etc. His bowels are not freely and satisfactorily evacuated. In the evening he always feels much better, in fact quite bright. The remedy of course was *nux vom.*, which was prescribed August 7th. He took this medicine continuously for one week with rapid and steady improvement, and I ceased attendance. Hot days and hot places still affect his head and produce dizziness; he dare not work out in the sun. For this he takes *natrum carb.* A peculiarity in this case was the cough, and it was the last symptom to leave, though there was more marked improvement in it, as well as in all other ways after *nux* was prescribed.

Raue says: "Gelsem. is the most important remedy; that it covers all the symptoms of a man who feels all played out. It is especially indicated in hot, damp, stifling weather."

This is true when gels. is indicated, but this season in my experience bellad. was the most frequently indicated remedy, and its best effects were shown when given low.

Another interesting case of heat-fever was Mrs. S., a young married woman aged about twenty years, to whom I was called July 30th. The previous day, while attending church, she was almost overcome by a feeling of heat and oppression, and walking home through the hot sunshine (the temperature was about 100° in the shade) increased the feeling of oppression and gave her a violent headache. Rest brought no relief. I found her with a temperature of 104°, pulse 120, full and flowing. She feels completely prostrated; violent headache, most severe in occiput. *R. gels. 1.*

The next morning, fever less; condition otherwise unchanged. Gels. was continued, but in the evening the fever was as great as the day before and the headache worse; head and body hot and sweating, and in addition there was violent and persistent vomiting. Everything, as soon as swallowed, caused violent vomiting and "heaving." For the febrile condition I gave *bell.*, 1, 10 drops in a glass half full of water, a teaspoonful every hour, and for the vomiting, cracked ice, *ad libitum*, positively prohibiting anything else.

The next day the A.M. temperature was 103° , pulse 120, and no vomiting. Continued bell. and ice. I should have said that the night before she was sponged all over every few hours with ice water, and got sleep and rest after each sponging. This was continued as required. There was no change made in the treatment for several days. The first food given was clam-juice, which was tolerated and relished; from this we advanced to other light articles of diet. On the sixth day of her illness her morning temperature was 98° , pulse 96. The urine has a very dense, brick-dust sediment, and the patient has frequent eructations. *R. lyc.* Improvement continued until the ninth day, when I was summoned hastily about noon, as it was thought she was in labor, being six months pregnant. She complained of constant pain in lumbar region, which increased in violent paroxysms, and then extended forward and downward in the course of the ureters to the pubes. These pains came from three to five minutes apart, and caused the woman to hold fast with her hands to anything within her reach, exactly simulating labor-pains, and each pain was accompanied by an urging to urinate, with passing but a drachm or two of very thick, muddy-looking urine. The temperature from being normal, as it had been for several days, was now 102° , pulse 120. A digital examination per vaginam discovered no signs of labor whatever. I therefore concluded that the trouble was due to obstructed or congested kidneys, and prescribed *berb.*, 1, in water, a teaspoonful every hour. In three or four hours the trouble was all over and the woman resting quietly. She had a good night, and next day temperature was 99° , pulse 96. Some soreness in lumbar region and in course of the right ureter. Continue *berb.* and order her to drink two quarts of lithia water every day until the urine becomes profuse and clear—to flush the kidneys as it were, which, by the way, is a most excellent procedure in many conditions.

The woman's appetite was good, and she made a rapid and uneventful recovery, except profuse, weakening sweats when sleeping, cured by *arsen.* This case, in contrast to the first, had no cough, and she had not been exposed to the sun as he had; her appetite returned promptly, and while her illness was more sharp and severe, she recovered more quickly than he.

This paper could be prolonged to twice its length describing other cases of heat-fever that have come under my care this summer, each presenting some peculiarities of its own; but it is unnecessary to do so, as the general ensemble of the symptoms, taken together with the

history of the case and the condition of the weather, will make the diagnosis quite easy and certain. The treatment, of course, is the indicated remedy in each case, and a liberal use of ice externally and internally. The fear of ice water, of which so many people are possessed, is a myth; and now, that with the advancements and improvements of the closing years of the nineteenth century we no longer depend upon "Jack Frost" for our ice, but manufacture it in ice-factories, using only distilled filtered water, there is no drink so pure, so safe, so delicious and so refreshing as ice water from this kind of ice, and he who is wise will use no other.

VAGINAL HYSTERECTOMY.

BY C. E. GROVE, M.D., SPOKANE, WASHINGTON.

VAGINAL hysterectomy was successfully performed as early as 1813, by Langenbeck. But, on account of the fearful mortality, it attracted very little favorable attention until Péan, of Paris, took it up and developed it with some success. But even as late as 1877, the mortality had not been reduced below 82 per cent. From that time to 1884, the mortality dropped to 32 per cent. And during the next three years (1884 to 1887) it was reduced to 24 per cent. The improvement has continued, and within the last two years the operation has been so modified and perfected that at the present time the mortality in favorable cases is practically *nil*.

Vaginal hysterectomy may be performed in one of three ways—by the clamp method, the ligature, or enucleation.

Enucleation, originated by Langenbeck, and revived by Pratt, is the best. By the clamp method, unnecessary shock is produced, and too much tissue is bruised, resulting in cicatricial tissue with its mischievous effects. By the ligature, sensitive nerve filaments are pinched, and disturbances of various functions of the body are caused. While enucleation, as modified and practiced by Dr. Pratt is the ideal method.

Mrs. M—, æt. 30, married, one child 4 years old; had fairly good health up to May 25, 1894, when she presented symptoms of miscarriage. She had missed one menstrual period, and thought she was pregnant. An examination showed an intramural fibroid of the cervix, and a mass at the internal os which gave to the ex-

aming finger the impression of a six-weeks' foetus. Patient was flowing considerably. The indicated remedies controlled the flow satisfactorily for a time, but would not cause the uterus to empty itself. Caulophyllum and ergot in material doses failed to have any effect. In the meantime, a mass of clot inclosing a blighted ovum came away, but left the above-mentioned mass at the internal os. This proved to be a uterine polypus, and afterwards disappeared. The patient continued from this time to the operation to fail in health and strength, flowing a great deal at times, and becoming pale, anæmic, weak, and cachectic.

On October 13, 1894, a vaginal hysterectomy was performed, with the aid of Drs. Olmsted and Andrews. The method of operation was that used by Dr. Pratt, as follows:

The patient, having been previously ordered to eat no breakfast, take a warm bath, copious rectal and vaginal injections of warm water; the vulva, abdomen, and thighs were scrubbed with warm water and soap, the pubes shaved; the parts, including the vagina, then washed with bichloride solution, next, with peroxide of hydrogen, then with bovinine, and then with sterilized water. The patient was anesthetized by the Hayes process. A vaginal retractor and Sims speculum was introduced, the cervix grasped with the volsella and drawn down, guy ropes of braided silk introduced into the anterior and posterior lips of the cervix and the volsella removed. The os was then thoroughly dilated with graded sounds, curetted, and packed with sterilized candlewicking; this was to prevent getting any of the discharges into the wound later in the operation. The packing was left in to absorb the discharges and round out the uterus, thus making the dissection easier. The vagina was then amputated by making a circular incision through the mucous membrane of the cervix, just above the guy ropes, with curved scissors. The hysterectomy knife was then used to continue this incision through the connective tissue down to the firmer tissue of the cervix. The finger then easily separated the mucous membrane and connective tissue from the cervical and uterine tissue, with occasional aid from the hysterectomy knife and scissors, until the fundus uteri was reached, when the peritoneal cavity was entered, both in front of and behind the uterus. The uterus was then drawn further down, and the broad ligaments carefully severed close to the body of the uterus. A T-forcep was attached to the upper margin of each broad ligament before they were completely severed, so as to be easily found. The uterus was then removed, and the ovaries and tubes ex-

amined. Both ovaries and tubes were diseased, and were carefully dissected out with finger and scissors, keeping very close to the organs.

The first hæmorrhage encountered was from the first cut made by the scissors in amputating the vagina, but was very quickly controlled by a twist of the artery forceps. In severing the broad ligaments, sufficient hæmorrhage resulted to make it necessary to tie an artery on each side. After removing the right ovary, another small artery had to be tied. The whole amount of blood lost during the operation was small.

After removing ovaries and tubes, the broad ligaments were repaired by bringing together the cut edges of peritonæum with fine catgut. The peritoneal cavity was then closed by gathering up the edges of peritonæum with catgut, starting with the right broad ligament, and running around in front (just back of the bladder) to the left broad ligament, then around in the back (just in front of the rectum) to the right broad ligament again, and drawing them together with the catgut as a drawing-string. A plug made of sterilized India silk and prepared with hydrastis and quinine, containing a small ball of absorbent cotton, was placed against this vault and then packed with iodoform gauze; the wound in the vagina being thus held apart to insure free drainage. The vagina was then loosely packed with iodoform gauze. A number of pockets and papillæ were removed from the rectum, the sphincters stretched, and a plug of iodoform gauze placed in the rectum. Absorbent cotton was placed over the vulva and anus, a T-bandage applied, and the patient put to bed. The packing was removed after forty-eight hours, and the vagina repacked daily with iodoform gauze until the end of the first week. The packing was then discontinued, and a boracic-acid douche given daily.

A microscopic examination of the diseased organs was not made, but macroscopically the body of the uterus appeared to be sarcomatous. There was no circumscribed tumor at this point, but almost the whole uterine wall was infiltrated with diseased connective and fibrous tissue, making the anterior and posterior walls nearly $\frac{3}{4}$ -inch thick. It was placed in a basin of water, and in half an hour had become black and slimy-looking. The ovaries were undergoing cystic degeneration. The left ovary had three small cystic tumors attached to it.

The patient made an uneventful recovery. The highest temperature was 100.1° on the fourth day, just before the bowels moved for the first time. The highest pulse was 104, three hours after the

operation. The patient was catheterized for the first three days, after which she urinated naturally. Her bowels were confined until the fourth day, when she was given a warm-water enema, after which they moved regularly. At no time after the operation did she suffer any pain in the pelvic region. Her only unpleasant symptom was nausea following the anæsthetic. This was relieved by natrum phos. and mag. phos., after which she received ars. alb. 6x for a few days. She was able to sit up on the fourteenth day, having already regained much of her accustomed vivacity and elasticity, and healthy color, which she had lost during the past five months.

In any operation, the details are very important, and especially in a capital operation nothing is too trivial to merit the operator's serious attention. I have, therefore, described this operation very minutely in the hope that it may help some surgeon who is about to undertake his first vaginal hysterectomy.

NOTES ON THE EFFECT OF POKE BERRIES ON BIRDS.

BY W. E. ROTZELL, M.D., NARBERTH, PA.

(Read before the Delaware Valley Ornithological Club of Philadelphia, October 4, 1894.)

THE use of the juice of the poke berry (*phytolacca decandra*) as a fat-reducing agent is at present quite extensive, but the evidence that these berries reduce body weight without putting the subject on an anti-fat diet is, I think, far from conclusive.

In the *Homœopathic Recorder* for March, 1892, Dr. E. M. Hale claims priority to the discovery of the anti-fat properties of *phytolacca decandra*. He states that as far back as 1858 he mentioned in the *New Remedies* that birds which feed on these berries become emaciated.

Of the effect of poke berries upon birds is to what I desire to call attention. Having been always interested in the study of birds, I have watched for several seasons and noted as carefully as possible the effects, as I observed them, of poke berries (*phytolacca*) upon birds. I have dissected quite a number of birds which have been feeding upon these berries, and have always found them to not only be in the best physical condition, but invariably fat when they had been feeding on the berries to any extent. The species of birds I know to feed on the berries of *phytolacca decandra* are the following:

American robin (*Merula migratoria*), wood thrush (*Turdus mustelinus*), brown thrasher (*Harporhynchus rufus*), catbird (*Galeoscoptes Carolinensis*), flicker (*Molaptes auratus*), red-headed woodpecker (*Melanerpes erythrocephalus*), cedar bird (*Ampelis cedrorum*), Carolina chickadee (*Parus Carolinensis*), myrtle warbler (*Dendroica coronata*).

Desiring to know the opinion generally held by naturalists on this subject, I wrote to several prominent ornithologists whose replies I here present.

Dr. R. W. Shufeldt, United States Army, of the Smithsonian Institution, Washington, a recognized authority on birds, and whose observations cannot be questioned writes: "I have shot a variety of species of birds that have been feeding on the ripe berries of *phytolacca decandra*. . . . Very often I have shot both robins and flickers that have been absolutely gorged with the dead ripe fruit of this plant. Such specimens I have not only eaten, but skinned, dissected, and otherwise examined. From the gizzard to the vent the contents of the entire intestinal tract have been stained with the deep claret-colored or carmine-colored juice of the berries, as is the circle of feathers surrounding the anal aperture. These birds at such times are not only always well nourished, but often fat and otherwise in excellent condition."

Prof. H. Justin Roddy, of the Millersville State Normal School, well known as an ornithologist, and who has given especial attention to the subject of bird-foods, wrote me as follows:

"I can say that in the large series of robins, catbirds, thrushes, and other poke berry (*phytolacca*) eating birds I have taken I have invariably found them very fat. So fat sometimes that they could not be used as specimens."

Dr. A. K. Fisher, of the Department of Agriculture wrote me that he did not ever remember of having seen a bird in an emaciated condition that had been feeding on *phytolacca decandra* berries.

I also consulted Mr. Witmer Stone, curator of birds at the Academy of Natural Sciences, Philadelphia, and his experience on the subject corresponds practically to those of the above. All the *phytolacca decandra* eating birds he had examined had always been fat.

In answer to inquiries I have the replies of other naturalists stating that poke berries are fattening to birds, and in no instance have they replied that these berries make birds thin.

The poke berry (*phytolacca decandra*) is the last of the several important food-berries to ripen in the fall, and is eaten subsequently

to the wild grape, sour gum (*nyssa*), dogwood and the Virginia creeper just before the birds make their southern migration.

It has been suggested to the writer that the period during which the berries are eaten is perhaps too short to affect the birds materially either way, but the evidence, I think, shows otherwise. We are therefore justified in concluding that as an anti-fat to birds *phytolacca* is a failure, and as the physiological function of absorption in man and in birds is practically the same, it is certainly curious that the juice of the berries of the *phytolacca decandra* should have gained such prominence in the treatment of obesity.

A CASE OF TUBAL PREGNANCY, TUBAL ABORTION, ABDOMINAL SECTION, RECOVERY.

BY THEODORE J. GRAMM, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society, State of Pennsylvania, September, 1894.)

ECTOPIC gestation will ever have a scientific, as it often has a tragic interest. That a woman who has just become impregnated and is about to fulfil the principal function of her physical life, should in its very beginning be overtaken by this dreadful perversion of the procreative function, is a fact which startles the mind and causes it to shrink with grave apprehension from the dangers likely to follow; and well it may.

Abdominal surgeons everywhere now recognize the fact more fully than ever before that the development of a fertilized ovum outside the uterine cavity is, indeed, not only a fact of startling scientific interest, but also that ectopic gestation is by no means of rare occurrence. Many cases have been observed since Tait operated his first successful case in 1883, and many cases have been reported, especially in recent gynæcological literature.

The pathologico-anatomical changes incident to ectopic gestation have likewise been more generally studied, and much of the mystery attending upon the earlier observed cases is abolished. Besides, the pathogenesis is fortified by a wonderful simplicity in the occurrence and sequence of its events, and these are capable of demonstration with wonderful scientific accuracy in the careful study of specimens.

It may not be necessary at present, therefore, to consider at length these pathological changes; and yet on the other hand, in order that

the salient points involved in the case which I am about to report, may be readily appreciated, it might not be amiss to review in brief some of the essential and demonstrated facts in the pathology of extra-uterine pregnancy.

When a fertilized ovum has become detained in the Fallopian tube, it develops in much the same manner as when it is not in this ectopic site. This development continues until about the eighth to the twelfth week when rupture of the tube takes place. The locality and direction of rupture is of grave moment to the patient. The rupture may occur upward along the free margin of the tube into the peritoneal cavity, and then amid intense pain and profound shock the woman is overwhelmed in a bloody cataclysm from which there is no hope except in immediate abdominal section.

The possibility of encystment and subsequent development of the ovum, or the absorption of the clots and foetal remains, may possibly be allowed on theoretic grounds but are without doubt exceedingly rare, and offer a hope so meagre that it is not to be extended to the patient. To this class belong those cases in which a woman in apparent health is suddenly overtaken in a horrible catastrophe which eventuates in her untimely death, or from which she may be saved by a serious abdominal operation.

This is not always the direction in which rupture takes place nor is the termination so decisive at this time. Rupture may take place downward through the tube walls into the broad ligament, and quite a large quantity of blood may be effused, which, however, is usually not so profuse as under the previous circumstances, but is limited by the folds of peritonæum which form the ligamentum latum, forming a so-called hæmatoma, or pelvic hæmatocele. Such a case I had the pleasure of reporting to this Society at its last annual meeting, and may be found in the *Transactions* for 1893, page 230. In cases such as this, death of the foetus may take place at the time of rupture, or it continues to grow for a variable length of time when secondary rupture into the peritoneal cavity plunges the woman into the dangers of free intra-peritoneal hæmorrhage.

Sometimes the foetus continues to develop for a variable length of time within the folds of the broad ligament and then may die; and usually thereafter the foetal remains are discharged by suppurative processes into the rectum. Cases presenting this history are of frequent occurrence. Dr. J. A. Bullard of Wilkesbarre, reported such a case to this Society, which is printed on page 209 of the *Transactions* for 1886, and the foetal remains discharged through the rectum

may be seen in the museum of the Hahnemann Medical College of Philadelphia.

In some few cases death of the foetus does not take place at this early stage, but it continues to grow in its anomalous position until it reaches or passes the usual term of utero-gestation. I operated a case of this variety which continued for eleven and a half months, when it was terminated by abdominal section. A large full-grown child was removed from a foetal sac in the abdomen. The case is reported in the *American Journal of Obstetrics*, New York, 1892, page 207. Since that time other cases of a similar character have occurred in this city.

It sometimes happens when the ovum is detained in the outer third of the tube, that it develops for a certain time, usually less than eight weeks, and then the fimbriated extremity not being occluded, the ovum is extruded from the tube and finds its way into the peritoneal cavity, or into a sac formed by peritoneal adhesions and partly organized clot along with the blood which is probably flowing at frequent intervals from the diseased and invaded tube. In this manner are brought about the pelvic conditions and dangers as regards hæmorrhage of a ruptured tube without rupture having taken place. The case which I am about to relate belongs to this variety.

CASE —Mrs. X., a patient of Dr. C. E. Tegtmeier, is a well developed woman, æt. 27, IIpara, children nine and seven years. One miscarriage of twins at five and a half months, four years ago. Since then the menstrual periods have been quite regular in time, but were attended by much dysmenorrhœal pain before the flow.

On January 20th the period was due but did not appear, but in the meanwhile she was taken with severe pains in the abdomen, which diminished on the 28th, when a scanty pale menstrual discharge took place, which only continued for two days. The pains which she had were at first mostly in the right side of the lower abdomen, were intense, bearing down, "worse than at childbirth," she said, and compelled her to throw herself on the floor, or to squat on the floor with her head and arms resting on a chair. At the same time she had most violent vesical and rectal tenesmus, and cutting and burning pains before and during urination with some relief afterwards. She was then confined to her bed for a week and suffered with every symptom of severe peritonitis. The next two weeks she was about the house, but much of the time was spent on a lounge. Then the abdominal pains returned again, and would occur in paroxysms lasting about an hour, and they could

be relieved by nothing she could do. The next two weeks found her in bed again, and she was a very sick woman, suffering from symptoms of peritonitis again. She made a partial recovery, and as I learned subsequently, one day went out, was subjected to some excitement, came home and felt sick at the stomach and thought she would vomit. She tried to do so, and fell over and lay on the floor for an hour, conscious, but unable to move. On the 28th of March, just two months from her last menstrual period she had a uterine discharge, dark red in color and thick, and in a few days shreddy pieces came away, looking like flesh, evidently the decidua. Improvement in her general physical condition set in at once, but now her abdomen began to enlarge perceptibly. In the earlier weeks after the menstrual period was delayed, the patient thought herself pregnant because she also had some nausea in the morning, and the breasts were somewhat enlarged and contained small quantities of milk.

I saw the patient at about the eighth week of her illness with Dr. Tegtmeier, and she then gave the impression of having been a very sick woman from probably a septic peritoneal inflammation; however, the pains in the abdomen had ceased materially, and the abdomen while very sensitive, yet was not much swollen, and no distinct tumor could be made out on palpation. I learned that the pains in the abdomen had been first on the right side and later on the left.

On vaginal examination the cervix did not attract attention; the fundus was fixed in the pelvis to the right of the median line, but not materially enlarged. Behind the uterus, on both sides the Fallopian tubes were felt somewhat enlarged, the enlargement being, if anything, greater on the left side.

At this time, and on several occasions subsequently, I questioned the patient closely as to any fainting spells, but she persisted in saying she had never fainted in her life; and it was only after her operation and after close cross-examination that she described the incident of her falling on the floor as above related, and even now she persists that she did not faint because she was not unconscious—and does not refer to that occurrence in reply to questions concerning any fainting spells.

At first the patient was believed to be suffering, or rather *recovering*, from tubal inflammation, and a course of treatment was suggested; and after the uterine discharge began and she improved so much in general health, I did not see her for some weeks. Then, how-

ever, the case had assumed an entirely different aspect, for behind the uterus and filling the pelvis was a gradually enlarging tumor, which now involved the fundus, so that for some time it could not be located on bi-manual examination. Very soon, however, the mass rose out of the pelvis, and the fundus was recognized to the right of the median line, distinct and movable from the mass, and not much enlarged. The diagnosis of ectopic pregnancy was made, and although the patient thought she was really improving, we urged her to submit to abdominal section. She consented and came to my private operating rooms, where, on May 26th, I operated her in the presence of a number of professional friends.

The Operation.—This may be briefly described by saying the operation was difficult. In the first place the abdominal walls were vascular far beyond anything usually seen. On reaching the peritoneal cavity adhesions were encountered everywhere. However the fundus uteri had been previously located, and from this as a point of departure, the adjacent anatomical structures were readily located. The largest part of the sac lay behind and to the left of the uterus. It was imbedded in adhesions which were nothing if not formidable, but by cautious and persistent effort it was dug out so that my hand could get beneath it. At this time the upper part of the sac ruptured and the thick masses of dark blood clot were discharged externally. Finally, by persistent effort, the sac was liberated without having injured any important viscera, and its attachments were ligated and the sac removed with a part of the tube and the left ovary adherent. The whole mass seemed at this time to come from the left pelvis. The left ovary and tube were then sought for and found in the left anterior pelvis, and removed. A drainage-tube was inserted and removed in thirty-six hours. Of the after-treatment of this case there is nothing to be said. She simply made a rapid and uninterrupted recovery.

The Specimens.—The foetal sac is irregularly globular in form, of a deep red color, about thirteen centimeters in diameter, whose walls vary from a half to one centimeter in thickness. This sac, as above said, ruptured during the operation, and its contents consisting of old blood clots were discharged. Externally its surface is not smooth, but many shreds hang from it which are peritoneal adhesions. Internally also the surface is roughened by filamentous shreds evidently composed of partly organized blood clot.

This mass lay in the pelvis behind and to the left of the uterus. The right ovary lay immediately beneath it, in size $3\frac{1}{2}$ by $3\frac{1}{2}$ by 2

cm., and was intimately connected with the sac by adhesions. This ovary had evidently been for a long time displaced, and lay on the floor of the pelvis behind the uterus. The left ovary was also adherent to the mass, but lay to the left of it and somewhat anteriorly. Its vessels had undergone degenerative changes, and hæmorrhage had taken place into its substance. It was ruptured on removal, so that it presented a torn and shreddy appearance. The left tube was elongated, adherent to the sac, its diameter being about 12 mm. and its lumen dilated, evidently having been the seat of inflammatory changes. Its fimbriated extremity was not closed, and it seemed to be pervious, although distorted by peritoneal adhesions. The main interest of this case centres in the condition of the right tube. Starting from the uterus, it arched backward, and was held in a tortuous condition by adhesions until it reached the sac behind the uterus. To this it was adherent, and ran along on its surface for a distance of about two cm. to a point almost at the lowest part of the pelvis. Here it was lost in the walls of the sac; and, on being sought for from within the sac, an opening was found in size readily admitting the index finger, which was surrounded by the serrated fimbriæ of the tube. The tube and sac were, therefore, continuous, but the fimbriæ had not become agglutinated and subsequently stretched from the wall of a sac, as we see so often in hydrosalpinx; but the fimbriated extremity was rather grasped or included in a sac formation, which had grown so as to include the fimbriæ, but yet to leave them anatomically discernible.

The lumen of this tube invites attention. Near the uterus, and for some short distance from it, the tube was not thickened or much dilated; indeed, its canal was, if anything, smaller than normal, due probably to the fact of having been stretched at this point. Beyond this, however, it gradually began to dilate until, about 3 cm. from the isthmus, a sudden thickening occurred about 2 cm. in diameter, and beyond that the tube continued of the same diameter until it was lost in the sac wall. To the examining finger, this point of abrupt enlargement gave the sensation of being a mass contained in the tube which obstructed its canal. This obstruction, in reality, consisted in inflammatory thickening of the plicæ of the tube at a point where the tube was bent on itself.

From a careful examination of the specimens it is evident that this patient had a pregnant right Fallopian tube. Much could be said of the microscopic appearances of these specimens, but the fact which concerns us most at present is that chorionic villi are demon-

strable in the dilated right tube beyond the obstruction referred to. This tube, and indeed the left, also, had been the seat of inflammatory changes, and were thickened and dilated, but not closed, at the fimbriated extremity. The right tube and ovary evidently had lain for some time behind the uterus and low in the pelvis, and while there had detained a fertilized ovum. This had most likely been accomplished by the fixed curvature of its lumen, and especially by the mass of inflammatory tissue which acted like a ball valve and closed the tube all the more with increasing pressure from behind. The tube was not ruptured, but organized blood-clot and new-formed tissue early involved the fimbriated extremity, and this did not close, perhaps by reason of the frequent if not constant discharge of blood and other material passing out into the peritoneal cavity. This fact also explains the early occurrence of symptoms of rupture, so to speak, and the subsequent history of frequently recurring peritonitis. It was as a result of adhesions forming from this peritoneal inflammation that a new sac or encystment was formed. The tubal abortion occurred at about the eighth week, when the patient was collapsed for an hour, as previously described.

In conclusion, I wish to touch upon the indications for operating. This is, no doubt, at all times a serious and difficult point to decide. Theoretically, a pregnant tube should be removed as soon as discovered. In conformity with this rule I operated, and yet from my first association with the case the patient improved, although the case materially changed. At first the picture which the case presented was that of a woman recovering from an attack of salpingitis, and vaginal examination did not correct that view. Within a few weeks we have a case altogether different, and one, withal, better, as far as the patient's feelings and appearances went. In spite of this, however, believing the case to be an ectopic pregnancy, and knowing the never-ceasing probability of dangerous and perhaps fatal hæmorrhage, the case was operated. Verifying this belief is the fact that after the patient came to my operating-rooms, and was being made ready for the section, and while receiving every care and attention which skilled nursing could suggest, she had a hæmorrhage of sufficient quantity to be felt as a distinct enlargement in the left lower abdomen.

KALI BICHROMICUM is indicated in ulcerations of the throat when there is profound prostration, soft pulse, without acute pain and a general apathetic condition.

SOME HEART REMEDIES COMPARED.

BY EDWARD CRANCHI, M.D., ERIE, PA.

(Read before the Homœopathic Medical Society State of Pennsylvania, September, 1894.)

WHILE it is true that nearly all drugs affect the heart, a few verified symptoms that seem to be characteristic may not be out of place, even if not strictly original.

Digitalis records the following: A violent but not rapid action; intensely aggravated by even the least muscular exertion, especially on rising. It is believed that whatever complications exist, unless the history reveals these features in prominence, *digitalis* is not the remedy. Further, *digitalis* has little, if any, pain, differing from *cactus*, which has much and continuous pain along with its boxed-up, grasped sensation and nervous accompaniments, and from *spigelia*, whose pains are quick and darting, with great and visible palpitation. *Spongia* and *lachesis* have both an aggravation in sleep, by which the patient is roused, and both have suffocative action, but the *spongia* suffocation is from inability to have free use of the glottis, while the lungs are strong, and *lachesis* cannot move the ribs to allow the lungs to expand and cyanosis is more prominent. In *spongia* the air tickles the inside with distress and cough; in *lachesis* it is *outside* contact that is so unbearable. The cyanosis of *lachesis* will serve to distinguish it from the yellow hue of *crotalus*; otherwise these two are alike.

Aurum and *sepia* both let the heart thump with a sudden slap against the ribs, but *aurum* has it less frequently; *sepia* continuously, and with less hypertrophy. *Arsenic* and *secale* are both intolerant of lying down, but *arsenic* loves warmth, while *secale* shuns it to extremes. *Aconite* feels as if hot water were poured into the chest. *Sanguinaria* as if the same were emptied from chest into abdomen. *Gelsemium* is most valuable in weak heart, yet desiring motion; *nux vomica* in convalescence; worse from impatience and crowding thoughts; to be compared with *coffea*, if the thoughts be pleasant yet exciting.

Phosphorus for a heart whose subject yields to every sudden emotion the homage of a nervous palpitation, with fulness of veins and great redness of lips and finger nails; *veratrum viride* compares well, but there is more dyspnœa; *sulphur* also, but the palpitation

is more continuous. *Glonoinum* shares with *cimicifuga*, *arsenicum* and *kali bromatum* valuable honors in "tobacco heart." *Glonoinum* has the greater throbbing, *cimicifuga* the greater anxiety, *arsenicum* the most dyspnoea and *kali bromatum* the most reflex action with craving for work.

Dr. Snader has shown that a greater or less amount of heart failure underlies every disease, and he has given us a most valuable aid in his wonderfully well-arranged repertory of the heart symptoms in Hering's *Condensed Materia Medica*.

ERRATA.

IN the article on "Painless Extraction of Teeth," by Frank H. Pritchard, M.D., in the September number, 1894, of the *HAHNEMANNIAN MONTHLY*, the word *drachm*, referring to the vehicle of the anæsthetic solution, should read *ounce* instead of *drachm*. Such a strength would far exceed the bounds of cautiousness.

POISONING BY OXALIC ACID.—A case of poisoning by oxalic acid, reported to the *Medical Century* (August 1st) by Dr. Bæricke, of San Francisco, forms a striking verification of the provings of this drug by Hering and Neidhard. Indeed, the cause of the patient's condition remained in doubt until—the symptoms having led the physician to think of oxalic acid as the indicated remedy—the patient informed him that in the course of some chemical experiments he had had his hands continuously for a long time in a saturated solution of the poison. Two days later, and shortly after lunch, he was suddenly attacked with excruciating pains in the eyes, with a feeling as if the balls were expanded, followed by intense compressive pain in the temples, then the back of the head and the base of the skull. The hands, and afterwards the legs and back became numb, and the face was colorless, so great was the circulatory disturbance. This first attack passed away in a few moments, and a little later the patient was able to walk to his home. About an hour later, however, the pains recommenced in the temples and base of the head, and became most agonizing. Nausea appeared, with vomiting of dark, thick matter. The most exquisite sensitiveness to light developed, the least ray causing terrible suffering, and there were similar hyperæsthesiæ of the organs of hearing and of the skin. There were especially sensitive points along the spine, with numbness of the extremities; intense spasms of pain down the extremities, along the throat muscles, and along the spermatic cord were marked symptoms, accompanied by foul odor from the mouth, retention of urine and constipation; no fever or sweat and weak pulse. For about two weeks these symptoms persisted, but under appropriate treatment gradually passed away. Then in ten days, and again, twenty-one days later, the patient was suddenly attacked by the same intense symptoms, each time convalescing slowly. The last time his recovery appeared so permanent that the physician yielded to his request, and allowed him to start for his eastern home. All went well until he reached Denver, where he was again suddenly attacked, as before, after eating, and died without regaining consciousness. The interest of this case lies in the corroboration of the provings, as instanced by the remarkable intermissions, the intense spinal and head pains, the exquisite hyperæsthesias, the spasmodic symptoms of throat and chest, and the pain in circumscribed spots and along the spermatic cord.

OBITUARY.

JABEZ P. DAKE, M.D.

DR. JABEZ P. DAKE died of paralysis, at his home in Nashville, Tennessee, on Sunday, October 28, 1894, in his 68th year. With sorrow we record the demise of one of the most lovable of men; while always frail of physique, he had exceptional intellectuality, and untiring industry. He was a clear, forceful and ready writer, and was always an able champion of Homœopathy and her institutions. He was a successful teacher, endearing himself to his pupils, so that they ever turned to him as their personal friend. As a practitioner, his ability and charming personality always commanded for him an extensive clientèle of the choicest character.

Dr. Dake's first literary work in the interest of homœopathy, was in 1848, when he read before the Union College of New York an essay on the merits of the new system of therapeutics, entitled "Generalization in Medicine." It was written to illustrate logical methods, and was published in a Schenectady paper. During the succeeding forty-six years of his life, he was a constant contributor to homœopathic literature—author, essayist, lecturer, and journalist—and in every department he measured up to the full standard of requirement. He was author of a standard volume entitled *Therapeutic Methods*, a treatise on the principles of medicine, showing especially the scientific character of homœopathic therapeutics. He, with Dr. Hughes, of Brighton, England, edited the *Encyclopædia of Drug Pathogenesis*. In 1852, he was one of the editors of the *Philadelphia Journal of Homœopathy*. In 1860, of the *United States Journal of Homœopathy*, published in Chicago, and, in 1863, of the *North American Journal of Homœopathy*, etc.

Dr. Dake was President of the American Institute of Homœopathy in 1856, after serving as secretary for two years.

Dr. Dake had large Philadelphia interests. A graduate of "Old Hahnemann," twice a professor, and president of its Alumni Association, by unanimous choice, in its palmiest days.

Dr. Dake was known by every one; loved by every one; and was held in the highest respect and consideration by all; and by all he will be regretfully missed.

A charming autobiography, written at our earnest solicitation, with an excellent photograph, appeared in the June, 1892, *HAHNEMANNIAN*, to which we refer our readers.

EDITORIAL.

BODILY EFFECTS OF EMOTION.

IN our ministrations to diseased humanity, we are too apt to lose sight of the complex nature of the object of our solicitude, and to fail to grasp the constant and invariable relation between mind and matter. A recognition of the effect of emotions upon the organs of the body in the production of disease, or of disease susceptibility, is too often overlooked.

Our conception of the heart is usually anatomical, that of a hollow, muscular organ, of conical form, placed between the lungs, and inclosed in the cavity of the pericardium; or, physiological, that of a valvular pump, working according to mechanical principles.

It is only when consulted as to the advisability of allowing some particular form of exercise, or when confronted with the results of overdone athleticism, in a diseased heart and ruined life, that we have our attention drawn to the amount of actual work performed daily by the heart, and to the danger of adding to its task. But, even then, do we think as seriously as we should of the strain put upon the heart muscles by such emotions as we know to directly influence the frequency or force, or both, of the heart's action? Do we warn our patients, and ourselves, with sufficient earnestness of the dangers that attend the indulgence in mental disturbances which interfere with the rhythmical beat of this tireless organ?

We know that, by a wonderful reflex action, the reality of which is stamped on the languages of all times and nations, the heart seems to be the seat of the emotions, and responds to them in a manner at once mysterious and forcible. Love, hate, suspense, disappointment, expectancy, hope, despair, indignation, all the varied emotions to which our poor human selves are subjected in this "vale of tears," are reflected in the action of the heart, which thereby is often called upon to do in a few hours what would be the work of days. Who can doubt that a certain amount of energy is thus spent, not in lengthening but in shortening life? Who can doubt that by this forced, irregular activity, just as certainly as by forced bodily exercise, the integrity of the heart muscles is impaired, and the basis laid for organic disease? Although at all times a source of danger, this is especially the case in middle age and thereafter. As has been

truthfully said: "The victim of worry (in its widest sense) is on the verge of a catastrophe; if he escape, the marvel is not at his strength of intellect so much as at his good fortune." And again: "Brain work in the midst of mental worry is carried on in the face of ceaseless peril." Prudence would inculcate the greatest care in these years, to avoid all that would cause irregular or violent action of the heart, if we would live comfortably and happily. Unfortunately, however, as is often metaphorically said, where affairs of the heart are concerned, the dictates of prudence are generally disregarded, and to talk of common sense is only refined cruelty. And so we will go on, hoping and loving, expecting and longing, perhaps raging and hating, just the same, even if we know that thereby we are shortening our days, and, perhaps, making them full of sorrow. A calm, equable frame of mind, steeled to the inevitable, if we could only cultivate it, would be so much more comfortable in the present, and would insure an economy of potential energy likely to result in greater length of days.

Aside from the direct deleterious effects of emotions upon the heart muscles, it has been conclusively demonstrated that by them the system at large is undermined and rendered more liable to succumb to the inroads of disease. Whether this is through interference with the circulation or with the general nutrition cannot as yet be definitely determined. Emotions have been known to produce symptoms similar to those resulting from starvation or from anæmia, and we all know how often typhoid fever follows anxiety or mental distress. The sudden occurrence of tuberculosis in those predisposed to it by heredity, after violent or depressing emotions, shows how important an ætiological factor the mind and its affections may become in the production of disease. In the prophylaxis and treatment of disease from this point of view nothing but a system of mental therapeutics, which can be learned only in the school of personal experience, is of avail.

THE MORAL ASPECT OF THE LIVER.

IF it be true that emotions are capable of producing bodily disease it is equally true that physical derangements are capable of modifying or causing certain mental and moral phenomena. Without being willing to agree entirely with Cabanas, that the talent for writing poetry resides in the smaller intestines, we are quite willing

to be understood as believing that there is a real relationship between the functions of the various parts of the digestive tract and the so-called mental and moral manifestations. That the condition of digestion, in the first part of the intestinal canal, should so modify the whole tenor of thought and feeling, as to lead to an attempted expression in poetry, amatory or elegiac, didactic or religious, does not seem so entirely unlikely. It is a subject that would bear investigation, especially by some of those unfortunate outcasts who, belonging to no college, hospital or dispensary, have but little chance to call attention to themselves and their merits. The discovery of a particular poetic plexus of nerves, alongside of those of Auerbach and Meissner, presiding over the discharge of the "divine afflatus," and the isolation of some characteristic bacillus, the presence of which could always be demonstrated in those afflicted with more rhyme than reason, would confer upon the fortunate discoverer a notoriety most gratifying and yet legitimate.

We will not, however, encroach upon his prospective field, but here, in a few lines only, draw attention to the liver as the organ and seat of the conscience.

From what we know of its physiological functions, we can regard it as a physical conscience, set to guard the life fluid from contamination; but, alas, itself often contaminated and diseased by the exercise of its very unselfish function.

To find a connection and sympathy between it and the moral conscience, whereby the life is sought to be regulated and preserved from contamination, is not an altogether too great effort of the imagination, considering the usage of all languages, whereby certain psychic phenomena are ascribed to the action of various organs of the body, *e.g.*, love and hate to the heart, compassion to the bowels, etc. We are quite willing to admit the existence of something which is called conscience, apart from and above the liver, but we assert that much that is done in the name of conscience proceeds from the condition of that organ, and that much of our morality, philosophy, and religion would be different had their propounders been persons of altogether healthy livers. Whether life is worth living depends upon the liver, as has so truthfully and yet ambiguously been said.

The old distich,

"When the devil was sick, the devil a monk would be;
When the devil was well, the devil a monk was he,"

forcibly expresses the truth that bodily ailments may often be the

mainspring of apparently high and holy aspirations. Although history has not recorded that his satanic majesty's ailment was of the liver, that organ was no doubt the one at fault, as is so frequently the case in residents of tropical climates. Among mortals we may lay it down as a rule that the activity of the conscience is *inversely* as the activity of the liver; therefore, that when this latter is torpid and inactive, the conscience is active, and the dismay and unhappiness which its possessor can spread about him is coextensive with his influence.

This can be explained physiologically. Through the failure of the liver to perform its accustomed work, the formation of certain toxins is not prevented, and these so poison the system as to becloud the intellect and jaundice the understanding, and to produce that state of melancholy so well known as an accompaniment of bilious derangement.

When this condition of torpidity in woman happens to coincide with the menstrual molimina, God help those who are dependent upon her for their happiness! Her views of life become perverted; her ideas of justice confounded; everything must yield to a one-sided idea of duty, which, like a car of Juggernaut, rides pitilessly over its victims, weighted only by a congested liver, which a Carter's, or a Wright's, or even a Munyon's anti-bilious pill might relieve. In treating mental derangements, therefore, especially those characterized by undue conscientiousness or over-anxiety for the soul's salvation, whether chronic or acute, whether permanent or periodic, our first duty will be towards the liver. We will find, too, as bearing out our view, that very many of the remedies having mental symptoms as above, are appropriate in the treatment of this organ.

FURTHER PADDING OF THE MEDICAL CURRICULUM.

THE medical council of the Province of Brandenburg, with its headquarters in Berlin, has addressed to the Prussian government a petition, asking that arrangements be made for supplying instruction to medical students in all that concerns insurance against sickness, accident, old age, and infirmity. A similar suggestion has been made by the British Medical Association. We are willing to admit that the physician should be a man of the most extensive culture and education, but we do not see the right or justice of expecting an

acquaintance with all branches of human knowledge which may, directly or indirectly, be connected with the profession of medicine from a graduating student. If such a course of lectures on insurance be advisable at all, and we do not doubt that many would be glad to avail themselves of it, its place is in a post-graduate course.

We would most earnestly protest in advance against any more padding of the already overcrowded curriculum. The four-years' course ought not to be made an excuse for still further superficializing our medical education—*non multa, sed multum*.

A LONG-LIVED FAD.

THE genial Oliver Wendell Holmes is dead, and all over this land, and abroad, his praises are being sung. In several of the so well-deserved eulogies we smile to note references to his essay on Homœopathy, written about fifty years ago—references generally in the tone of the following: "The essay on Homœopathy remains one of the most complete exposures of that therapeutic fad." It has proved to be quite a long-lived fad, and if we compare its condition when that essay first saw the light, with what it is at present, we are fain to exclaim, Forsooth, a most robustious fad!

ET CETERA!

IN connection with the subject of the dangers attending the use of the single communion cup, attention was called in the Medical Society of the County of New York, to the danger from kissing the court Bible, and it was suggested that, if this custom were continued, the book ought to be covered with a thick layer of iodoform gauze!

We find also from a foreign correspondent, a suggestion that in every household the letters, on arrival, should be dipped in a basin containing some disinfecting solution! Our bacteriological friends will soon be satisfied with nothing short of a general disinfection of this earth, not to say universe, by the prophetic ordeal by fire: science and religion will thus meet again and be reconciled.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D.,

FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

TREATMENT OF SMALL-POX BY RED LIGHT.—Dr. Henric Benckert, of Gotenburg, Sweden, has recently tried the treatment of small-pox recommended by Finsen, of Denmark, which consists in excluding from the sick room either by placing red cloth, in several thicknesses before the windows or insertion of red glass into the windows, in the management of an epidemic of this disease in that city. In all seventeen cases were treated thus, and with favorable results, for, though three died, two of the hæmorrhagic form of the disease and another from pyæmia from coming late under treatment, the results in the others were good. Suppuration did not follow, the vesicles would dry up and the course of the disease be considerably shortened and its painfulness and disagreeableness decidedly decreased. The resultant cicatrization was, in consequence, nearly entirely avoided from absence of suppuration. At the most the vesicles on the face which are always a step in advance of the others, showed a slight tendency to suppurate. Though the number of cases treated were small he is a warm advocate of this method.—*Hygiea*, No. 7, 1894.

Dr. Oettinger, a physician of the Paris Small-Pox Hospital, has also tried this method in a number of cases (8) of especial severity. All the patients had confluent or coherent variola and were transferred to the red room twenty-four, forty-eight or seventy-two hours after the appearance of the eruption. Three died; one a man of fifty, on the sixth day without the eruption coming out and in delirium; the other two had pronounced nervous symptoms and only a scanty eruption. He does not regard Finsen's method as a treatment of the disease but rather of the eruption, where it is very efficacious. The latter develops under red light rapidly, soon becomes covered with fine and adherent crusts of a grayish color instead of the usual thick and yellow ones, while the pits are few and not deep. The fever of suppuration is by far not so pronounced. The method is to be employed when the eruption is especially profuse or confluent; in case of violent general symptoms they should be treated by the ordinary measures.—*La Semaine Medicale*, No. 32, 1894.

Prof. C. Feilberg, of Copenhagen, has also treated five cases with favorable results. He reports about the same results, for the eruption was observed to appear well, to dry up without suppuration, while the pitting was but slight and rarely was suppuration observed.—*Hospitals-Tidende*, No. 27, 1894.

In Roumania it is the custom among the peasants to cover the bodies and even the face of small-pox patients with red cloth, from the beginning of the disease to its end; they claim that it helps to dry up and scatter the eruption. Thus they think the complications from invasion of the rash are avoided.—*La Semaine Medicale*, June 30, 1894.

Dr. Lassabatie, a French marine physician states that a similar custom exists in Tonquin.—*Ibidem*.

Dr. Nesgresw, of Roumania, writes the same journal that in that country a decoction of cochineal is rubbed over the bodies of those suffering from measles as well as all other eruptive diseases.

[In the Danish journal, *Hospitals-Tidende*, November 8, 1894, Prof. Petersen of Copenhagen, gives a historical review of the treatment of small-pox by means of red cloths, red light, etc.—EDS.]

MULTIPLE NEURITIS DEVELOPING DURING TREATMENT OF CHOREA BY ARSENIC.—Dr. J. A. Adams records the case of a girl of eleven years, who, suffering from chorea, developed in the course of treatment by arsenic, a multiple neuritis,

with paralysis of the extremities and some muscles of the trunk without any preceding symptoms of poisoning (gastro-intestinal symptoms) being observed. This case as well as others which have been described would serve as a warning in the employment of large doses of arsenic. The neuritic symptoms appeared in this case after a three weeks' use of thirty drops of Fowler's solution, per diem.—*New Yorker Medicinische Wochenschrift*, No. 4, 1894.

TREATMENT OF SNAKE BITE BY HYPODERMIC INJECTIONS OF STRYCHNINE.—Dr. James McNish reports the case of a butcher of forty-two years, who was bitten by a poisonous brown snake upon the hand. The man was of powerful build and not under the influence of fright from the bite. He had applied a ligature, sucked and scarified the wound. Though he came to the office unaffected and joking over the matter, in eight minutes, severe symptoms developed; he suddenly fell from the chair to the floor insensible, with dilated pupils and eyes turned upwards. Fifteen minims of liq. strychnia were immediately injected into the arm below the elbow; marked improvement followed, so that, with aid, he could walk about. He seemed very sleepy. Alarming dyspnoea developed in twenty minutes when an injection of ten minims of the strychnine solution was given; decided improvement followed. Another dyspnoeic seizure came on accompanied by violent retching. The patient was then put under a cold shower bath and brandy injected hypodermically. Breathing then became normal and he expressed himself relieved. Three further relapses occurred which were all treated by the cold shower bath and injection of strychnine and black coffee. The next day he was over the worst except that a feeling of nervousness, with slight weakness of the general nervous system was experienced and at the seat of the wound, there was felt a sensation of numbness and tingling. The reptile was found to be a brown snake, common to North Queensland, four feet and six inches long with well developed poison sacs capable of holding ten to fifteen minims of poison; when examined they were quite empty. This is the fourth severe and genuine case which the writer has saved by use of the strychnine treatment. They were all accompanied by violent symptoms and could not be attributed to fright.—*The Australasian Medical Gazette*, No. 3, 1894.

RIGHT-SIDED HYDROTHORAX IN HEART DISEASES.—Dr. Cardarelli calls attention to the frequency of right-sided hydrothorax in cardiac disorders. The affection is one sided, never involves the left thorax and usually is observed in patients of over fifty years, arthritics, who with heart affections are generally arterio-sclerotic subjects at the same time. The aortic valves are usually insufficient, the left ventricle hypertrophic and dilated. The first signs of the hydrothorax are: nocturnal asthma, impossibility of lying in bed; these come on with great rapidity as if from an acute pleuritic exudate. Rarely is there a vague pain in the involved side and still more rarely a slight febrile movement. Sometimes the transudate is but slight yet the general symptoms are severe. In such cases there is general stasis, but in general there is a turgor of the jugulars which may even pulsate, while the face is cyanotic. The strength is greatly reduced, nutrition suffers severely, there is profound hydremia and the patient dies, with heart symptoms. The liquid is serous or sero-sanguinous but never purulent. If the physician recognizes the condition and is not too much impressed by the graveness of the patient's condition and extracts the transudate, in a few hours the phenomena disappear and the patient may recover. There being no tendency to absorption, evacuation must be done; relief is immediate and striking. If it recur, then repeat aspiration. Under all conditions the disease is fatal and a prolongation of life is only possible by evacuation of the fluid.

THE VARIOUS FORMS OF INFLAMMATION OF THE CÆCUM AND ITS APPENDIX.—Dr. Jacques Borelius, of Stockholm, Sweden, in a recent lecture set up two forms of inflammation dependent upon the cæcum and its appendix, one originating in the cæcum and the other in the appendix; the greater majority, by far, of these conditions are derived from the appendix. Two varieties of appendicitis are recognizable: a perforative and a non-perforative or catarrhal form. The perforative form from the virulence of the infectious media, the reaction of the organism or the formation of adhesions gives rise to different clinical varieties. There may be a diffuse peritonitis or localized sero-purulent collections of pus. The catarrhal form though only associated with swelling and infiltration of the mucous membrane, may extend to the peritonæum and cause a sero-fibrinous peritonitis around the appendix, with

formation of adhesions. More rarely these forms may simulate perforation and there are cases which, without perforation, may lead to circumscribed abscesses, to progressive fibro-purulent and even diffuse peritonitis. Besides these varieties he assumes the occasional existence of a retro-peritoneal form from exceptionally, the appendix being situated behind the peritonæum. This and the variety originating in the cæcum are met with but are of less practical importance. Clinically, it is nearly impossible to diagnosticate their origin. A diffuse peritonitis is to be diagnosticated; a circumscribed abscess is also to be made out. Later, the symptoms of abscess may be observed. The general symptoms and fever are of importance. If the latter be intermittent with quite high evening temperature, chills, pulse under one hundred, full and strong, while examination by the rectum or vagina reveals a limited elastic resistance in the right fossa then an abscess is present. A trial puncture is unjustifiable. There is, besides, a chronic or recurrent form of perityphilitis. The anatomical conditions are then quite inconstant. The attacks follow each other with moderately short intervals, though this is not always true, and the patient may be reduced to invalidism. Besides one may divide these inflammatory states into a benign and a malignant (septic) variety. The boundaries are not fixed but in the latter there is a picture of very violent infection. The symptoms come on violently and blusteringly and the general symptoms are severe. The pulse is small and frequent, over one hundred and rapid though the temperature may still be low.

Serious and threatening local symptoms appear early as intestinal paresis or ileus, etc. Already in the beginning of the case one gets the impression that the virulence of the infection is great and its action so rapid that the organism has no opportunity to react.

In the more benign types the patient reacts well and progressively, while the outlook appears to point to a local course of the process. The general condition is quite good, the pulse is strong and moderately frequent, less than one hundred even though the temperature may run up quite high, at times. The local symptoms are early and remain local. These two types are of great practical importance.—*Hygiea*, No. 8, 1894.

CACHECTIC VARIETY OF PSEUDO-MEMBRANOUS ENTERITIS.—Dr. Charrin, of Paris, calls attention to a form of this disease which might mislead one in diagnosis. It is quite frequent and it is often not suspected until the stools are examined. It may be very intense for in certain cases though the patients are extremely cachectic they are neither cancerous nor tuberculous. They usually have suffered, for years, from constipation, with alternating diarrhœa. Anorexia is frequent, with intervening seizures of bulimia. Dyspepsia often complicates. During the diarrhœic periods the stools present, at times, the appearance of washings of meat, mixed with glairy mucus, slimy filaments and false membranes. The crises of enteritis precede or accompany the evacuations. Vomiting is rare. Change of diet produces but short-lasting improvement. The liver hypertrophies and emaciation becomes extreme. In eight cases he has found the bacterium coli in the stools. Intestinal antiseptics will yield but mediocre results. He employed lactic acid irrigations, with a solution of nitrate of silver and an appropriate diet.—*Le Progrès Médical*, No. 34, 1894.

GANGRENOUS ULCER OF THE PREPUCE IN DIABETICS.—Dr. G. Crisafulli, of Palermo, reports the case of a man who for six months, had noticed that he easily became fatigued, even from light work, internal organs normal; the urine was of 1042 specific gravity and sugar present (66.66 per 1000). A meat diet was ordered. Four days later he experienced a stinging sensation in the penis and a bluish-red spot appeared on the prepuce. This gradually extended seven centimetres along the dorsum penis, the prepuce became slightly oedematous and painful. The tissue became more altered and finally, an eschar separated with a whitish and scanty secretion. A healing took place slowly in twenty days. A venereal affection was suspected, but the patient said that he had not had an erection for three months. Though a gangrenous ulcer is not exceptional in syphilis yet it only appears after the initial lesion has been visible for several days. In such cases he advises examination of the urine. The local inflammatory symptoms are slight and without general febrile reaction. Local treatment is limited to scrupulous cleanliness with the usual anti-diabetic measures for with the disappearance of the sugar from the urine, the sore will progress favorably.—*Gazzetta Degli Ospedali*, No. 83, 1894.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D. AND H. L. NORTHROP, M.D.

THE PATHOLOGY OF ENLARGEMENT OF THE PROSTATE.—Moullin (London) calls attention to the view in regard to the enlargement of the prostate based upon a supposed analogy between it and fibroid disease of the uterus, and states that the homologue of the uterus is not the prostate, but the prostatic utricle, an entirely independent structure, which is included in the prostate gland merely by an accident of growth, and which has never been shown to take the least active share either in tumor formation or in general enlargement of the prostate gland. The homologue of the prostate, if it exists at all in the opposite sex, is to be found in the tissues of the perineum, or near the lower ends of the ducts of Gärtner—nowhere near the uterus. Uterine growths originate as fibro-myomata. Enlargement of the prostate, on the other hand, is glandular from the first.

Guyon's theory, that enlargement of the prostate is merely one of the occurrences in a constitutional disorder that begins as arterial sclerosis and ends in fibroid degeneration, affecting the genito-urinary organs in an especial manner, is still less tenable, and Moullin can say nothing in favor of the view that the primary change is in the bladder, and that the enlargement is a compensatory contrivance, as suggested by Harrison.

The enlargement of the prostate is in some way dependent upon the testes, the normal growth of the former being undoubtedly controlled by the development of the latter. Up to puberty there is no prostate worth mentioning. If castration is performed before puberty the prostate never grows; if after puberty it wastes and disappears, and the same has now been shown to be true of the abnormal development known as enlargement. There can be no question but that in some way the condition of the testes controls that of the prostate both in its normal and enlarged form.

Moullin adds that Waton, of Boston, and Lannois have published cases recently in which unilateral atrophy of the prostate has followed removal of one of the testes. If this can be established by post-mortem examination, it may be taken as proof that the agency through which the influence of the testes is exerted upon the prostate is the nervous system and not the circulation.—*The Lancet*.

APPENDICITIS.—Of all the characteristics of appendicitis, none stands out so prominently as the sudden and fatal change which is likely to occur even in what has appeared to be a mild case. There is absolutely no way to foreshadow this change, and the only safety for the patient lies in a keen appreciation of this fact by the physician, in having the case constantly under the observation of a skilled attendant, and in being prepared for such an emergency by having the assistance of a surgeon from the beginning, who is thus familiar with the details of the case, and consequently prepared to operate at any time that such a course seems indicated.

On the other hand, so many primary cases recover without operation, that a correct view of the abortive treatment is most desirable. There can be no doubt that there have been many needless operations for appendicitis.—Editorial, *University Medical Magazine*.

ARTHROTOMY FOR DEFORMITY FOLLOWING FRACTURES INVOLVING THE ELBOW-JOINT.—Lloyd (New York) suggests arthrotomy in elbow-joint fractures when deformity, which is caused by conditions that are irremediable by any measure short of direct attention to the bony conditions, results from the injury. After a careful consideration of the subject, and dealing with the objections which may be raised to this treatment, he concludes as follows:

That the greatest care should be taken to reduce the fragments and preserve the natural contour of the elbow-joint after all fractures invading it.

That the loss of carrying function, or other deformity is not due simply to the splints employed, but to the action of the muscles drawing the fragment in the direction of the resultant of the forces. Therefore, no absolute line of treatment can be outlined, but the fracture should be treated in that position that best subserves the purpose of keeping the joint absolutely at rest and the fragments in proper position.

That the deformity resulting after these injuries is quite as frequently, if not more frequently, due to displaced fragments, and to callus, than to fibrous ankylosis.

That care should be taken to determine the cause of the deformity. If it is fibrous, it should be broken up under ether and passive motion employed until the joint is perfectly free. If, on the other hand, it is found to be bony, the joint should be opened and the bony impediments to proper motion removed.

That in compound fractures the wound should be enlarged, rendered aseptic, the bones replaced and held in position, and the joint treated as in simple fractures.

That if the fragments cannot be replaced in a simple fracture at the time of dressing, they should be cut down upon and fastened in position.

That passive motion should never be undertaken until the process of repair in the fracture is completed.—*American Medico-Surgical Bulletin*.

LANDERER'S METHOD OF TREATING FRACTURES.—As described by Lumniczer (*The Lancet*), Landerer's method was the outcome of an attempt to shorten the healing time of fractures. According to this method (1) the ends of the bone are to be replaced immediately after the fracture, and to be fixed in a firm dressing (such as plaster-of-Paris) until the disappearance of the swelling due to the injury; and (2) when the soft provisional callus is fully formed (which takes place in from eight to fourteen days), the callus and the surrounding muscles are to be massaged twice a day—at first gently, but later more energetically, and the mobility of the neighboring joints is to be kept up by active and passive movements. When this is done, it is noticed that the callus, which, during the first few days, was soft and yielding, soon hardens and becomes strong, and the neighboring joints, at first somewhat stiff, rapidly recover their original mobility.

In compound fractures, after rendering the wounds aseptic and applying dressings, the fracture is to be put up, and in from two to three weeks the soft parts will have made such progress that passive movements and massage can be employed, and the results will be as satisfactory as in the case of simple fractures.

CONTUSION OF THE KIDNEY AND PSEUDO HYDRO-NEPHROSIS.—Fetow and Augustin (Bucharest), from a study of a case of contusion of the right kidney with consequent pseudo hydro-nephrosis, and of cases from the literature, come to the following conclusions:

Severe contusions of the kidney may be followed by rupture of this organ. The consequences of this rupture are extra- and intra-renal hæmorrhage. After absorption of this effusion of blood there is an infiltration of urine into the cavities from the injured kidney, which has been designated by Monod, as pseudo hydro-nephrosis. It differs from true hydro-nephrosis in that the dilatation of the renal pelvis is not caused by the urine.

As to treatment, repeated punctures are advisable. If inflammation set in then a large incision is necessary. Fistulous tracts are liable to follow treatment by incision. In these cases one should not be too hasty in extirpating the kidney for these sinuses will close in time. One should wait nine or ten months, or even a year. If they then do not close and the organism will not suffer in consequence, the organ should be extirpated.—*Spitalul*.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D.

A CASE OF PERFORATION OF THE PUERPERAL UTERUS BY THE CURETTE, WITH PROLAPSE AND STRANGULATION OF THE INTESTINE.—The perforation of the puerperal uterus with the curette is not so very rare, and is not generally deemed serious if septic material does not reach the peritoneal cavity. The patient was a healthy woman of thirty-two, who had borne five children the last six years previously. She was curetted on account of an offensive, decomposing placenta, retained after an abortion six weeks after cessation of menstruation. The Roux spoon curette was twice carefully introduced to loosen the placenta, and a polypus forceps to bring it away. As the latter was withdrawn, a portion of the small intestine was in its grasp, and at the same time the patient complained of distress and faintness. Not a drop of blood appeared. The attending physician made no attempt to replace

the intestine, but at once packed iodoform gauze about the bowel and in the vagina, and sent her immediately to the hospital. She was seen by the surgeon three hours later. She then was very pale, with sunken features, and complained of great weakness and depression. The skin was hot and dry; the pulse very small, 132; the abdomen somewhat distended and sensitive to pressure over the symphysis. The loop of intestine in the vagina was slightly reddened and distended with gas. Laparotomy was immediately performed, and a laceration two inches long was found on the right border of the uterus. The intestine was so distended it could not be drawn back through the laceration. It was held back at the internal os. The operator introduced one finger from above through the cervical canal till it met the finger of his assistant, introduced from below.

With these for a guide he incised the internal os with Seiler's hernia-knife, but the intestine could not be replaced until after the gas was pressed up from the imprisoned bowel. The bowel showed two blue-black places two inches and a half long corresponding to the constriction. The mesentery was slightly torn by the forceps. The intestine was brought out of the abdominal cavity and thoroughly irrigated with three (3) per cent. salt (chloride of sodium) solution. The uterine muscle was very thin, soft and waxy, so that sutures in it could not be used to close the laceration. A fold of broad ligament was brought over the laceration and held by four Lembert sutures. The intestine was again irrigated with salt solution, returned to the abdomen and the latter closed. The patient made an uneventful recovery. The case is interesting in both showing the successful treatment of a rare complication and more practically that extensive laceration of the uterus may occur without losing a drop of blood.—*Centralblatt für Gynäkologie*, No. 39, 1894.

SARCOMA OF THE OVARIES.—Pick quotes Olshausen to the effect that the rare round-cell sarcoma is more malignant than the more frequent fibro-sarcoma. After reviewing the opinions of eminent clinical authorities he concludes: 1. The prognosis is absolutely unfavorable if both ovaries are affected; better if only one is affected and the most favorable form of this disease is when it is localized in one side. 2. Round-celled sarcomas are usually bilateral, *i.e.*, malignant forms. If it develops unilateral it may be quite innocent or at least not more malignant than the unilateral spindle-cell sarcoma. 3. Sarcoma of the ovary in youth have a peculiar disposition to the round-cell structure. 4. The majority of round-cell sarcoma occur in young individuals.—*Centralblatt für Gynäkologie*, No. 39, 1894.

THE TREATMENT OF POST-PARTUM HÆMORRHAGE AND RETAINED PLACENTA.—Veit emphasizes the fact that atony of the uterus, as a cause of post partum hæmorrhage is very much overestimated, and that in the majority of cases, particularly the fatal ones, the source of the hæmorrhage is in a laceration of the vagina or cervix. The hæmorrhage often ceases as preparations are made to repair the lesion. The great danger of infecting the uterine cavity demands the thorough disinfection of the hand and genitals before removing the placenta, and that there is scarcely ever such immediate haste necessary as to give up disinfection and to at once extract the placenta with the hand. He also recommends that, if a cotyledon of the placenta is in the uterine cavity, that it should not be disturbed except in case of hæmorrhage.

In the discussion of Veit's paper Fehling did not fully agree with him. Manual extraction of the placenta is performed too often. He does not believe that friction on the fundus uteri will arrest hæmorrhage in all cases of partially adherent placenta, and that hæmorrhage before the delivery of the placenta is scarcely ever so dangerous as to require manual extraction of the placenta, though he believes in thorough disinfection if too much time is not taken. He advocates the removal of all retained portions of the placenta directly after labor, even if there be no hæmorrhage. We never know when a dangerous hæmorrhage may occur: a cotyledon of the placenta is also apt to become infected, and its removal become necessary under much less favorable conditions.

Olshausen confirmed the opinion that hæmorrhage due to a laceration was altogether too often ascribed to atony of the uterus, and that manual extraction of the placenta is performed too often. Infection may occur from it in spite of all precautions. He considers leaving portions of retained placenta a dangerous experiment. He does not doubt but that partial separation of the placenta in the third stage of labor may be dangerous enough to require the removal of the placenta.

Jacquet advocated the immediate removal of all portions of retained placenta, as it might lead to conditions which would be subject to judicial inquiry.—*Ibid.*

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

CONDUCTED BY
CHAS. M. THOMAS, M.D.

HYGIENE OF THE EYES.—Fox (Philadelphia) concludes an interesting paper on this subject as follows:

1. Avoid sudden changes from dark to brilliant light.
2. Avoid the use of stimulants and drugs which affect the nervous system.
3. Avoid reading when lying down, or when mentally or physically exhausted.
4. When the eyes feel tired, rest them by looking at objects at a long distance.
5. Pay special attention to the hygiene of the body, for that which tends to promote the general health acts beneficially upon the eyes.
6. Up to 40 years of age, bathe the eyes twice daily with cold water.
7. After 50, bathe the eyes morning and evening with water so hot that you wonder how you stand it; follow this with cold water, that will make them glow with warmth.
8. Old persons should avoid reading much by artificial light, be guarded as to diet, and avoid sitting up late at night.
9. Do not depend on your own judgment in selecting spectacles.
10. Do not give up in despair when you are informed that a cataract is developing; remember, that in these days of advancing surgery it can be removed with little danger to the vision.—*Dietetic and Hygienic Gazette*.

THE NOSE AND ITS HYGIENIC RELATION TO THE BODY.—Each human being, who claims any moderate amount of cleanliness and care regarding his health, will, during his morning ablutions, wash his face, head, mouth, teeth, and body, and may do so without ever dreaming that the human proboscis is one of the most uncleanly organs of the body (which fact our forefathers sought to overcome by the use of snuff, etc., but which proved of no avail), and its purification lies, last but not least, in washing the nostrils proper, and this should be done in the following way:

After the completion of the above ablutions and the thorough renovation of the basin used, fill it nearly full of pure cold water; immerse the whole face therein, and by trial learn how to gently snuff water, as one would customarily breathe air; a few sniffs may be taken and the face withdrawn, if the taking of breath has become necessary, and again immersing the face repeat the action several times, but mark you, no force must be used. The result will speak for itself, in the residue left in the basin, thus proving the necessity of removing the surplus secretions of this organ, and avoiding the dangerous necessity of carrying your catarrhal as well as tuberculoid matter in your pocket, not mentioning the sometimes contagious results of the laundrying of handkerchiefs. The mucous surfaces of the nose thus become accustomed to the influence of the daily temperature by using the water in its normal condition: and many years of practical experience by its disciples has fully demonstrated the efficiency of this system.

All persons subject to catarrh, who practically have dry and clear nostrils, nevertheless have mucal droppings into the throat, and are often involuntarily compelled to swallow this retroverted mucus.

All this can easily be overcome by the permanent adoption of this system of cleanliness. The strong snuffing up and down of water in the nostrils is too forcible for that sensitive organ of smell, and no nasal douche should ever be used for the same reason. The above gentle flushing system is confidently urged as the most efficient and least harmful method of cleansing the nostrils.—*Herald of Health*.

THE IMPORTANCE OF AN EARLY DIAGNOSIS OF MALIGNANT TUMORS OF THE THROAT.—Gleitsmann (New York) appeals earnestly to the profession at large to make an early diagnosis of malignant tumors of the throat. He argues, that if early removal of the breast and uterus in malignant disease is good surgery, and frequently followed by complete cure, the same rule must apply to the larynx, pharynx, etc., and for all accessible parts of the human body. He states that it is his experience and that of many laryngologists to whom he has spoken upon the subject, that the majority of cases come to the surgeon at too late a stage for favorable results. Excepting traumatism and sepsis, delay in operating is the most potent factor for bad results in surgery. The diagnosis once having been made by the practitioner or consultant, delay from any cause whatsoever is unjustifiable and unpardonable.

It is clear in the mind of the author that the number of survivors would be larger if they could come earlier to examination, and an operation involving less risk and less loss of tissue had been possible.—*New York Medical Journal*.

MONTHLY RETROSPECT OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,
FRANK H. PRITCHARD, M.D., AND J. LEWIS VAN TINE, M.D.

MERCURIUS CORROSIVUS IN ACUTE PERITONITIS.—Dr. Pedro Berber, of the City of Mexico, was called to a man of forty-three years, nervo-lymphatic temperament who had two days before been attacked with diffuse peritonitis, and had been under allopathic treatment. He presented fever, temperature of 40.6° C., pulse 126, hippocratic face, extreme redness of the cheeks and insatiable thirst; his abdomen was swollen and tympanitic, respiration superficial, short and difficult, abdomen extremely sensitive to the least contact, obstinate constipation and the dorsal position in bed. Aconitum 3x was given every hour. Six days after he was worse and passed muco-sanguinolent stools. Aconitum was alternated with merc. cor. 3x, each hour. On the twelfth day of the disease there was a decided change; the symptoms had decreased in severity, the exudate commenced to be absorbed, and with this the temperature began to fall, the pains were less severe, temperature 38.8° C., and the pulse 106. His abdomen sensitive to pressure, though it was not severe. Merc. corr. 6x every three hours. The day after that the symptoms had still ameliorated so that he was able to assume any position, though he preferred in bed. With the fifteenth day he became convalescent, and only a diffuse abdominal pain, especially in the hypogastrium, remained.—*La Homœopatía*, tom. i., No. II., 1894.

ARSENICUM IN ECZEMA.—Dr. Oscar Hansen, of Copenhagen, was consulted by a baker, who for four or five years had been treated by various allopathic physicians for eczematous patches on his legs, varying in size from very small to that of one's hand. He had previously had diabetes, though then there was no sugar in his urine. The eruption was papular, desquamating, ulcerating in spots, and was inclined to itch, especially in the evening and night; the pruritus was associated with burning sensations, which were worse from scratching. The ulcers were covered with a sero-purulent secretion; skin thickened. Treatment began May 25, 1891. Arsen. alb. 3x, three drops three times a day. June 18th, little improvement; but itching and oozing less pronounced. The burning sensation gone; arsen. continued. August 31st, arsen. 2x three drops three times a day. Externally a salve consisting of one part of the red iodide of mercury to thirty of lard, to be applied every evening and on every third day washed off with warm water. October 6th, all oozing ceased, the ulcerated patches healed, the eruption greatly reduced in extent, the pruritus gone, and but slight desquamation. Same treatment. December 5th cured.—*Maanedsskrift For Homœopathi*, No. 7, 1894.

TREATMENT OF LEUCORRHOEA.—Dr. P. Jousset, of Paris, divides this disease into a benign and a malignant form; the former may be due to chlorosis, scrofulosis, the herpetic diathesis and gout, the latter to gonorrhœa.

The management of the gonorrhœal form requires those remedies indicated in that disease in the male, cannabis, cantharis, and copaiva. In women this disease is especially difficult radically to cure, as it may become latent and be apparently cured to reappear under trivial causes, with contagious properties. To keep the vaginal mucous membrane isolated is quite difficult; this is best carried out by daily injections of a solution of the sulphate of quinine, four grammes (5j) to a quart of water or Van Swieten's solution (1 to 4).

TREATMENT OF SCROFULOUS LEUCORRHOEA.—This variety is of considerable importance; it may be observed especially in young girls. It exerts an exhausting

influence if long continued, and it gives the mothers a great deal of anxiety. The principal remedy is *calcareæ carbonica*.

Calcareæ Carbonica contains in its pathogenesis a purulent discharge, while again, it is one of the chief remedies in scrofula. It is also indicated in scrofulous women whose menses are too early and profuse. The sixth dilution, three times a day.

Sulphur is indicated after *calcareæ*, not so much by its pathogenic symptoms as by the scrofulous diathesis. Dose, as with *calcareæ*.

Zincum is also indicated in scrofulous leucorrhœa, because this drug gives rise to a purulent discharge. It is, characteristically, accompanied by pain and griping in the lower abdomen. The third trituration. The other remedies indicated in leucorrhœa are those which cause a vaginal catarrh. The principal ones are:

Sepia is one of the chief remedies in all its forms. In its symptomatology we find a discharge from the vagina, which is either decidedly purulent, greenish and fetid, or, clear like water, or, it may be slightly reddish. The leucorrhœa is accompanied by pains in the abdomen, pruritus of vagina and vulva, with excoriation. This drug must be prescribed in large doses, and for a long time, when it will give excellent results. The first decimal trituration, one and a half grains twice a day during and between the menstrual periods.

Pulsatilla is of especial value in chlorotic leucorrhœa. The discharge is milky, thick, and irritating. It appears, above all, before and after the menses, and is associated with swelling of the vulva and uterine colic; sometimes, the leucorrhœa replaces the menses. The first several dilutions are generally prescribed, but I prefer the mother tincture, in daily doses of ten drops.

Ferrum is another remedy for chlorosis; it is, indeed, the principal one, and is indicated by leucorrhœa in chlorotic subjects. The periods are generally late, scanty, or totally lacking. The first decimal trituration of *ferrum metallicum*, before each meal.

Causticum is of value in cases similar to those calling for *pulsatilla*. We find the characteristic signs to be leucorrhœa, with profuse pain in the sacrum and hypogastrium. From the sixth to the twelfth dilution.

Lycopodium and *Graphites* are indicated when the discharge coincides with a skin disease. The characteristics of *lycopodium* are a yellowish leucorrhœa, which is thicker than that of *sepia*, but as irritating to the external parts. The discharge is preceded by contractile pains in the lower portion of the abdomen.

The leucorrhœa of *graphites* is very liquid, and associated with pains in the lower abdomen, but principally by vaginal and vulvar pruritus and a papulous eruption upon the external genitals. These two remedies are indicated in hermetic and chlorotic leucorrhœa. With *lycopodium*, the high dilutions, the twelfth to the thirtieth, twice a day for twelve days; discontinue for six days, and then commence again. *Graphites* is, on the contrary, best given in the lower preparations. Otherwise, in the same manner as with *lycopodium*.

Creasotum produces a leucorrhœa preceding the menses. Bayle and Hughes especially recommend it in the fetid and corrosive form. The first three dilutions.

Helonias is recommended by Hughes in women affected with prolapse and menorrhagia; general weakness is another confirming symptom. The mother tincture and lower dilutions.

Local treatment as in chronic metritis.—*L'Art Medical*, No. 9, 1894.

THERAPEUTIC OBSERVATIONS FROM AN EPIDEMIC OF MEASLES AT ANTWERP.—Dr Lambrechts, Jr., during the months of March, April, and May, observed an epidemic of measles in this city, treating fifty cases, with various complications and anomalies; out of these he lost four. Where homœopathic management was possible from the first, the cases developed without complications. If called at the beginning of the disease, *aconite* will exercise a marked influence in holding the fever in check and assisting the appearance of the eruption. When the catarrhal symptoms are very pronounced, *pulsatilla* may be alternated, or, *coffea* if there be much agitation. When the eruption was bad, imperfectly-developed, and of an unfavorable appearance, pale or bluish, and generally but little pronounced, while, at the same time, there was prostration, somnolence, and a tendency to convulsions, *bryonia* and *cuprum* rendered him good service in a large number of cases. He employed also warm baths, wrapping afterwards in blankets.

He observed numerous cases of capillary bronchitis and broncho-pneumonia; *ipæcac.*, *antim. tart.*, and *arsenicum* were the chief remedies. In several cases of follicular angina, *mercurius cyanatus*, 3 cent. was used with success. The same

remedy may be administered as a gargle; where the child is too young to gargle, apply it locally with a brush; phytolacca has also given him good results when employed locally. He cured several cases of complicating croup with hepar sulph. calc., 1x-2x; after a few doses the children would throw off large quantities of false membranes, and respiration would become freer. In inflammatory affections of the eyes he employed various remedies, notably, bell., mercur. sol., arsenic, euphrasia, etc. Hot water, locally, is an excellent adjuvant in those cases; it acts, besides, homœopathically, for its primary effect is to increase congestion. Like Dr. Jules Gaudy, he declares arsenic to be an excellent remedy in morbid states following the measles. He has had occasion, several times, to verify this assertion, for it has rendered him excellent service in chronic enteritis, eczema, blepharitis, and the cachexia which sometimes develops after this disease.—*Journal Belge d'Homéopathie*, vol. i., No. 3, 1894.

SULPHUR IN TUBERCULOUS PERITONITIS.—Dr. Hesse, of Hamburg, reports the case of a boy of eight years, whose abdomen had been slowly increasing in size for four months. Peritonitis, with an abundant exudate, was diagnosed by the allopathic attending family physician. This increasing, and causing dyspnoea, about two quarts of sero-purulent fluid was removed by puncture; this was repeated two weeks later. Among other measures, tuberculine was injected. The disease was declared tuberculous and unfavorable prognosis made. The father then consulted the reporter. The child was found greatly emaciated, with very prominent abdomen, which was intensely distended, the umbilicus protruding, tympanitic resonance, on percussion, all over the abdomen except in the region of the stomach. The child's general strength was not unfavorable. He was vaccinated in his second year, after which he suffered from eruptions on the head, and abscesses in the axilla; he formerly wet the bed, and suffered from epistaxis. Since this disease, he has had diarrhoea, especially in the morning, when he would have three to four thin and light-gray stools, always accompanied by colic; frequent colic, worse towards evening; then he complained of fever, and of the room being too warm; his feet were often hot, he thrust them out from the bedclothes; nearly continuous fever, between 38-39° C.; sleep restless; peevish. All these symptoms, both of the past and present history of the case, seemed to point to sulphur. This was given, in the third decimal trituration, three times a day. In the day immediately following, the influence of the remedy was manifest upon the stools, which became normal, the mental condition, and the sleep; his appetite also improved. The fever, abdominal pains, and painfulness to percussion, also slowly disappeared. Four weeks later, the second decimal trituration was administered. The exudate was still slower in being absorbed, yet, from week to week, there was a perceptible retrogression. The more that this occurred, the more palpable were uneven and nodulous spots on the patient's abdomen; these also gradually disappeared. When last seen, about six months after beginning treatment, his health was completely restored. Excepting a place immediately below the region of the spleen, the abdomen was normal on percussion, soft and yielding, and without nodosities.—*Allgemeine Homœopathische Zeitung*, Nos. 5 and 6, 1894.

TRILLIUM PENDULUM IN THREATENING ABORTION.—Dr. Bernhard, of Berlin, has treated three cases of threatening abortion, in the third and fifth months of pregnancy where there were violent uterine contractions, profuse hæmorrhage and the mouth of the uterus dilated. The remedy was administered every five or ten minutes. It acts only in hæmorrhages occurring during pregnancy and not in those of the climacteric and in the unimpregnated uterus.—*Rivista Omiopatica*, Luglio-Agosto, 1894.

CAUSTICUM IN MYOSITIS.—Dr. Kunkel, of Kiel, Germany, was consulted by a woman of forty years who complained of swelling of the biceps of the right hand, and to a less extent, of the left arm with a sense of weakness, tearing, drawing and stitching pains in the arms; ameliorated by the warmth of the bed. Formerly, she suffered from asthma, especially worse from east winds. Caust. 3c., one drop morning and evening. The pains soon vanished, the muscular tonus was restored to the normal. He claims that this remedy has a decided influence upon the muscular system. He often prescribes it with good results, in young persons, who are obliged to stand a great deal in their various occupations. Immediate relief from the sense of exhaustion from rest is characteristic.—*Allgemeine Homœopathische Zeitung*, Nos. 11 and 12, 1894.

INDEX

TO THE

HAHNEMANNIAN MONTHLY.

VOLUME TWENTY-NINTH, 1894.

	PAGE		PAGE
Abdomen, Tuberculous Peritonitis Cured by Application of Collodion to the,	250	Acute Rheumatic Sore Throat,	299
Abdominal Cicatrix, Pregnancy following a Partial Supra-Pubic Hysterectomy Complicated by Hemorrhage through the,	401	Addison's Disease,	247
Section, Recovery. A case of Tubal Pregnancy, Tubal Abortion. Theodore J. Graum, M.D.,	792	Address of the Chairman of the Section of Materia Medica and Therapeutics. Frank Kraft, M.D.,	504
Treatment of Ascites Due to Peritonitis by. Wm. O. McDonald, M.D.,	763	Adenoma to Carcinoma, Relation of Mammary,	476
Surgery, Drainage in,	185	Administration of Chloroform to Women,	602
Abortion, Curetting after,	314	Ætiology and Operative Treatment of Vulvitis Pruriginosa (Pruritus Vulvæ),	311
Danger of the Intra-Uterine Injection of Glycerine to Induce, Millium Pendulum in Threatening,	313	Vanishing Factors in Epileptic. Weston D. Bayley, M.D.,	710
Abortive Treatment of Gonorrhœa,	667	Affections, Hæmic,	112
Abscess, Acute Puerperal Cellulitis and True Pelvic,	538	Iberis Amara in Cardiac,	479
Absorbable Plates in Visceral Approximation,	666	Mezereum in Aural,	480
Accessory Tubes and Fimbriæ,	603	Murex Purpurea in Sexual and Uterine,	608
Accoucheur. Recollections of an. George B. Peck, M.D.,	265	of the Bloodvessels, Pains in,	112
Acillodynia and its Connection with Gonorrhœa, Thuya in,	124	of the Eyes in Relation to Gynecology and Obstetrics,	400
Aconite in Acute Nephritis with Hæmaturia,	62	of the Eye, Rheumatic. W. H. Bigler, M.D.,	685
Action of Cascara Sagrada, Diuretic, of Hydrochlorate of Scopolamine on the Eye,	594	of the Heart, Spigelia in,	608
of Iodoform on Pus Microbes and Leucocytes,	117	Sepia in Pulmonary,	670
of Scopolamine on the Eye,	122	Spigelia in Eye,	608
with Regard to their Constituents, Chemical Compounds and their,	126	Their Nature, Origin and Treatment, Convulsive. Weston D. Bayley, M.D.,	282
Acute Cerebral Amaurosis of Infancy, Gonorrhœa, Ideal Treatment of, Intussusception in an Infant,	316	Treatment of Prostatic,	318
Nephritis, Treatment of,	126	with Normal or Subnormal Temperature, Febrile,	393
Peritonitis. Mercurius Corrosivus in,	814	Air-Bath, Deafness Treated by the Compressed,	122
Puerperal Cellulitis and True Pelvic Abscess,	538	Air-Passages, Value of Sprays in the Treatment of Catarrhal Affections of the Upper,	315
		Albuminuria and Glycosuria, Treatment of Functional Nervous Diseases with Persistent,	743
		of Pregnancy, The Induction of Labor in,	120
		Phosphaturic,	181
		Renal,	744
		Significance of, William W. Van Bunn, M.D.,	44
		Alexander's Operation for Uterine Displacements,	310

	PAGE		PAGE
Alimentation, Hypodermic, . . .	394	of Some of Our Common Field	
Rectal, . . .	531	and Garden Plants, Judged of	
A Long-Lived Fad, . . .	806	by Diseases of the Ear—Lem-	
Anaurosis of Infancy, Acute Cere-		na Minor. Continued. Rob-	
bral, . . .	316	ert T. Cooper, M.A., M.D.,	
Amblyopia, Gelsemium in, . . .	510	T.C.D., . . .	634
Amelioration from Eating. A Few		Viola Odorata, Lemna Minor.	
Remedies Having. John L. Fer-		Robert T. Cooper, M.A., M.D.,	154
son, M.D., . . .	30	Arcularius, Philip E., A.M., M.D.	
American Institute of Homœopathy.		Anomalous Forms of Vegetable	
Jubilee Meeting, . . .	450	Parasitic Diseases of the Skin. Il-	
Ammonium Causticum in Membra-		lustrated, . . .	624
nous Croup, . . .	318	Arnica in Senile Pneumonia, . . .	191
Amputations by Neudörfer's Method,	666	Arsenic as a Cause of Glycosuria, . . .	752
Anacardium in Flatulent Dyspepsia,	606	Dr. Van Denburg on the Patho-	
Involuntary Proving, . . .	608	genesis of. Richard Hughes,	
Orientele, . . .	254	M.D., . . .	550
Anæsthesia at Sea, Experimental, . . .	534	Multiple Neuritis Developing	
by Cocaine. New Method of Ob-		During Treatment of Chorea	
taining Local, . . .	598	by, . . .	807
Anæsthetic in General Surgery,		Pathogenesis of. A Reply to	
Laughing Gas as an, . . .	116	Dr. Van Denburg. Richard	
Analysis, Urinary. George C. Web-		Hughes, M.D., . . .	732
ster, Ph.D., M.D., . . .	271	Arsenicum Album Symptoms,	
Anatomical Standpoint, Symphyse-		Sources of. M. W. Van Den-	
otomy from an, . . .	59	burg, A.M., M.D., . . .	148
Aneurism of the Transverse Portion		in Eczema, . . .	814
of the Aorta, Tracheal Tugging in,	389	in Multiple Neuritis, . . .	750
Angina Pectoris, . . .	381	Iodatum, . . .	750
Angophora Lanceolata in Dysentery,	317	Pathogenesis. Dr. Hughes on	
Aniline Poisoning, Case of, . . .	531	M. W. Van Denburg, A.M.,	
Anomalous Case of Mumps, . . .	181	M.D., . . .	552
Forms of Vegetable Parasitic		Artero-Sclerosis of the Pancreas and	
Diseases of the Skin. Illus-		Diabetes, . . .	306
trated. Philip E. Arcularius,		Artery, and Consequent Gangrene,	
A.M., M.D., . . .	624	Rupture of the Popliteal, . . .	251
Location of the Intermittent		Arthrotomy for Deformity Follow-	
Pain Accompanying the Uter-		ing Fractures Involving the	
ine Contractions in Labor.		Elbow Joint, . . .	810
William A. Haman, M.D., . . .	448	in Old Dislocations of Shoulder	
An Opinion of "How Materia Med-		Joint—Clinical. W. E. Green,	
ica Should be Taught." M. D.		M.D., . . .	362
Youngman, M.D., . . .	271	Articular and Muscular Pseudo-	
Antidote to Atropine Poisoning,		Rheumatic Conditions Due to	
Morphine as an, . . .	56	Neuritis, . . .	182
Strychnine as a Narcotic, . . .	535	Asafoetida, Characteristic of, . . .	123
Anthraxis, Pulmonary, . . .	115	Ascites Connected with Nutmeg	
Anthrism and the Nervous Diathe-		Liver, . . .	392
sis, . . .	115	Due to Peritonitis by Abdominal	
Antimonium Crudum, . . .	318	Section. Treatment of. Wm.	
Tartaricum, . . .	189	O. McDonald, M.D., . . .	763
Antipsoric, Sulphur as an, . . .	544	New Sign of, . . .	391
Antipyrin, Toxic Symptoms Induced		Asthenopia not Dependent upon Er-	
by, . . .	593	rors of Refraction nor Insufficiency	
Aorta, Tracheal Tugging in Aneu-		of the Ocular Muscles, . . .	122
rism of the Transverse Portion of		Asthma, A Case of, . . .	407
the, . . .	389	Kali Iod. in Bronchitis and, . . .	752
Aortic and Arterial Affections to		Ataxia, Vaso-Motor, . . .	393
Pulmonary Tuberculosis, Relation		Atropine in Trigeminal Neuralgia, . . .	191
of, . . .	227	Poisoning, Morphine as an An-	
Apocynum Cannabinum, . . .	407	tidate to, . . .	56
as a Diuretic, . . .	190	Aural Affections, Mezeureum in,	
Appendicitis, . . .	476, 810	and Nasal Affections, Sozoiodol	
Treated by Operation in the Qui-		in, . . .	539
escent Period, Recurrent, . . .	537	Disease, Vertigo in Connection	
Appendix. The Various Forms of		with Ocular and. C. M.	
Inflammation of the Cæcum and		Thomas, M.D., . . .	95
its, . . .	808	Aurum in Badly-Smelling Breath, . . .	542
Arborivital Medicine, Being an In-		in Medicine and Philosophy.	
quiry into the Curative Powers		Edward Cranch, M.D., . . .	1

	PAGE		PAGE
Aurum in Neurasthenia, Platina and Triphyllum, Case of Diphtheria Cured by. Chandra Sekhar Kali, L.M.S.,	422	Breast, Chronic Mammitis and Carcinoma of the,	251
Bacillum in Lupus Exedens,	320	with Metastasis to the Femur and Dura Mater, Cancer of the, Recurrence of Carcinoma of the,	251
Bacillus Prodigiosus, Treatment of Inoperable Malignant Tumors with the Toxines of Erysipelas and the,	536	Walter Strong, M.D.,	713
Backache and its Diagnostic Importance,	532	Breath, Aurum in Badly-Smelling,	542
Barlow's Disease, Martin Deschere, M.D.,	609	Bright's Disease and its Treatment, Lithemia: Its Relation to,	327
Bartlett, Clarence, M.D., W. B. Van Lennep, A.M., M.D. Two Cases of Brain Tumor: a Contribution to Cerebral Surgery, Illustrated,	218	W. S. Searle, A.M., M.D.,	54
Basal Drainage in Chronic Hydrocephalus,	58	Minor Symptoms of Chronic,	54
Bayley, Weston D., M.D. Convulsive Affections—their Nature, Origin and Treatment,	282	with Remarks upon the Same, Further Cases of, W. S. Searle, A.M., M.D.,	65
Vanishing Factors in Epileptic Etiology,	710	British Congress and the Hahnemann Medical College of Philadelphia, William H. Bigler, M.D.,	51
Vaso-Motors and Some of their Diseases,	99	Bromides, Eruptions from the Use of the,	525
Belladonna in Incipient Insanity,	607	Bronchitis and Asthma, Kali Iod. in, Cured by Phosphorus, Case of Capillary,	190
Beneficial Consequences of Absence of Cow's Milk in Japan,	52	Bryonia in Morning Sickness,	320
Bicycle Riders, Diseases of,	305	in Typhlitis,	543
Bicyclists, Diseases of,	475	Bryson, H. Ballou, B.S.D., M.D. Eye-Strain: A Cause of Functional Nervous Diseases,	617
Bigler, William H., M.D. British Congress and the Hahnemann Medical College of Philadelphia,	51	Buboes from Pediculosis Pubis, Bilateral Inguinal,	668
The Ideal Physician,	364	Burns, Calcarea for,	62
Rheumatic Affections of the Eye,	685	Cachectic Variety of Pseudo-Membranous Enteritis,	809
Bilateral Inguinal Buboes from Pediculosis Pubis,	668	Calcarea Carb., Respiratory Symptoms in,	64
Birds. Notes on the Effect of Poke Berries on, Wm. E. Rotzell, M.D.,	790	for Burns,	62
Bladder and Catheterization of the Uterus, Examination of Female,	538	Calculi of the Tonsils,	168
and the Catheterization of the Uterus Under Direct Inspection, Examination of the Female,	183	Cæcum and its Appendix. The Various Forms of Inflammation of the,	808
Blindness in Diabetes in Youthful Subjects, Sudden,	115	Calomel Soap in the Treatment of Syphilis,	305
Bloodvessels, Pains in Affections of the,	112	Camphora,	127
Bodily Effects on Emotion,	802	Cancer and Vaginitis, Petroleum as a Local Application for,	185
Body. The Nose and its Hygienic Relation to the,	813	Euophen-Aristol and Methylene Blue in,	184
Boericke, William, M.D. Hahnemann's Doctrine of Psora in the Treatment of Disease in Children,	500	of the Body of the Uterus, Diagnosis of,	603
Bone, Covering the Osseous Defect in Spina Bifida with Transplanted,	250	of the Breast, with Metastasis to the Femur and Dura Mater,	251
Boracic Acid, Treatment of Granulated Lids by Massage with, William Spencer, M.D.,	698	of the Cervix Uteri—Recovery, Vaginal Hysterectomy for, Nathaniel Robinson, M.D.,	632
Brain Tumor: a Contribution to Cerebral Surgery, Illustrated, Two Cases of, Clarence Bartlett, M.D., W. B. Van Lennep, A.M., M.D.,	218	of the Stomach, Early Diagnosis of,	665
Braun-Lossen Operation for Trigeminal Neuralgia,	398	of the Uterus, New Treatment for Inoperable,	186
		Cancerum Oris in Typhoid Fever,	534
		Cannabis Sativa in Phthisis,	256
		Capsicum Poisoning, Case of,	480
		Carcinoma of the Breast, Chronic Mammitis and,	251
		of the Breast, Recurrence of, Walter Strong, M.D.,	713
		of the Stomach, Chlorate of Potash in,	307
		of the Stomach, with a Colossal Enlargement of a Left Supra-clavicular Lymphatic Gland,	388

	PAGE		PAGE
Carcinoma, Relation of Mammary		Catarrhal Affections of the Upper	
Adenoma to,	476	Air Passages, Value of Sprays in	
Salicylic Acid Injections for In-		the Treatment of,	315
operable,	599	Catheterization of the Ureters under	
Uteri, Early Treatment of	310	Direct Inspection, Examination of	
Cardiac Affections, Iberis Amara in,	479	the Female Bladder and the, . . .	183
Carduus Marianus,	669	Catgut, Preparation of,	597
Care of the Buccal Mucous Membrane		Preservation of,	57
in Severe Febrile Diseases,	569	Cauticium in Facial Diplegia, . . .	480
Caries and Odontalgia, Staphisagria		in Myositis,	816
in Dental,	62	in Paralysis of the Oculo-Motor	
Cartier, Francois, M.D. Various Tu-		Nerve,	256
bercular Viruses, and their place		in Sciatica,	671
in Homœopathic Therapeutics.		Cellulitis and True Pelvic Abscess,	
Bacillinum, Koch's Lymph, and		Acute Puerperal,	538
Avian Tuberculosis,	415	Cerebral Amaurosis of Infancy,	
Cascara Sagrada, Diuretic Action of,	594	Acute,	316
Case of Aniline Poisoning,	531	Meningitis, Magnesia Phosphor-	
of Asthma,	407	ica in,	178
of Capillary Bronchitis Cured by		Syphilis, Disturbance of Vision	
Phosphorus,	190	in,	113
of Capsicum Poisoning,	480	Certain Sign of Death,	180
of Chronic Eczema Cured by Gra-		Cervix, Erosions of the,	311
phites,	669	Cervix Uteri—Recovery. Vaginal	
of Diphtheria Cured by Aurum		Hysterectomy for Cancer of the.	
Triphyllum, Chandra Sekhar		Nathaniel Robinson, M.D., . . .	632
Kali, L.M.S.,	422	Characteristics of Assafetida, . . .	123
of Floating Liver,	55	of Sepia,	749
of Gangrenous Stomatitis, Illus-		of the Potash Salts, General,,	751
trated, Landreth W. Thomp-		Chelidonium Majus, Chest Symptoms	
son, M.D.,	102	of,	750
of Horrible Mutilation of the		Chemical Compounds and their Ac-	
Face, Successful Repair of a, . . .	58	tion with Regard to their Con-	
of Labor in a Primipara Thirty-		stituents,,	126
nine Years of Age. Frank H.		Difference Between Cow's and	
Pritchard, M.D.,	233	Human Milk,	399
of Low Temperature in Typhoid		Proving of Thyroid Extract, . . .	752
Fever, with Recovery, Lewis		Chest Symptoms of Chelidonium Ma-	
W. Flinn, A.M., M.D.,	241	jus,	750
of Malignant Scarlatina,	302	of Cistus Canadensis, Throat and,	192
of Mumps, Anomalous,	181	Chilblains,	241
Perforation of the Puerperal		Children, Diabetes Mellitus in. Clif-	
Uterus by the Curette, with		ford Mitchell, M.D.,	129
Prolapse and Strangulation of		Diseases of the Growing Period	
the Intestine,	811	in,	304
of Permanent Slow Pulse, with		Heart Disease in. William W.	
Epileptiform attacks of Faint-		Van Baun, M.D.,	518
ing,	592	Treatment of Diarrhœa in, . . .	670
of Renal Colic,	126	Childhood, Cirrhosis of,	742
of Rheumatism Preceded by an		Feeding in,	742
Attack of Tonsillitis. F. H.		Resisting Powers of,	742
Pritchard, M.D.,	39	Treatment of Pneumonia in, . . .	743
of Strychnine Poisoning, fol-		Chlorallic Delirium Tremens, . . .	248
lowed by Acute Nephritis and		Chlorate of Potash in Carcinoma of	
Ascending Motor Paralysis, . . .	593	the Stomach,	307
Tubal Pregnancy, Tubal Abor-		Chloroform, Chloroformization by	
tion, Abdominal Section. Re-		Small and Continuous, Doses	
covery. Theodore J. Gramm,		of,	250
M.D.,	792	on the kidney, Influence of, . . .	117
Cases. Heterophoria a Safe Line		to Women, Administration of, . .	602
Drawn Between Operative and		Chloroformization by Small and Con-	
Non-Operative,	122	tinuous Doses of Chloroform, . . .	250
of Cataract, Twenty-three. L.		Paralysis Following,	597
W. Jordan, M.D.,	577	Cholera Infantum. C. H. Thomas,	
Pyrexia in Surgical,	118	M.D.,	509
Castration for Osteomalacia, Value of,		Chorea. By Arsenic. Multiple	
on Women, and other Problems		Neuritis Developing During	
in Gynæcology, Effect of,	308	Treatment of,	807
Cataract, Twenty-three Cases of. L.		Eye Treatment of,	402
W. Jordan, M.D.,	577	Hereditary,	390

	PAGE		PAGE
Chromic Acid in Epithelioma, Methylene Blue and, . . .	320	Contusion of the Kidney and Pseudo-Hydro-Nephrosis, . . .	811
Chronic Bright's Disease, Minor Symptoms of, . . .	54	Convulsions, Puerperal. W. Hoyt, M.D., . . .	444
Cystitis, Mercurius Solubilis in, . . .	541	Convulsive Affections; Their Nature, Origin and Treatment. Weston D. Bayley, M.D., . . .	282
Laryngitis, Lactic Acid in, . . .	605	Cooper, Robert T., M.A., M.D., T.C.D. Arborvitae Medicine. Being an Inquiry into the Curative Powers of Some of Our Common Field and Garden Plants, Judged of by Diseases of the Ear. Lemna Minor, Continued, . . .	634
Mammitis and Carcinoma of the Breast, . . .	251	Arborvitae Medicine, Viola Odorata. Lemna Minor, . . .	154
Myocarditis, Evolution and Prognosis of the Various Forms of, . . .	180	Peter, M.D. Relation of Physician and Oculist, . . .	9
Ciliated Epithelium, Motion of, . . .	311	Copeland, R. S., M.D. Some Considerations on the Treatment of Purulent Inflammation of the Middle Ear, . . .	570
Circulatory System, Salts of Potassium and Sodium in the, . . .	606	Coprophagia, Veratrum Album in, . . .	125
Cirrhosis of Cardiac Origin. Congestion of the Liver Accompanying Heart Disease, . . .	591	Cord, Syphilis and the Spinal, . . .	114
of Childhood, . . .	742	Cornea During Pneumonia, Ulceration of the, . . .	306
of the Liver, . . .	301	Iridectomy in the Treatment of Ulcers and Abscess of the, . . .	605
Cistus Canadensis, Throat and Chest Symptoms of, . . .	192	Corneal Ulcers, Lactic Acid in, . . .	605
Clamp Operation, Hysterectomy by the, . . .	309	Correspondence. British Congress and the Hahnemann Medical College of Philadelphia. D. Dyce Brown, M.D., and W. H. Bigler, M.D., . . .	170
Clinical Hints on New Remedies, . . .	63	Effects of Prolonged Lactation. N. Tooker, M.D., . . .	169
Significance, Micrococcus Lauro-latus and Its. W. K. Ingersoll, M.D., . . .	730	Hahnemann Medical College of Philadelphia. British Congress and the, . . .	170
Cocaine, New Method of Obtaining Local Anesthesia by, . . .	598	The Blood of Eels a Toxic Poison. E. M. Hale, M.D., . . .	585
into the Urethra, Death from Injection of, . . .	746	Cortical Centre for Face Movements, . . .	248
Colic, Case of Renal, . . .	126	Cough, Common, . . .	247
Due to Pancreatic Calculi, Diagnosis of, . . .	534	Drosera in, . . .	12
-Neuralgia of the Liver. Nervous Gallstone, . . .	55	Covering of the Osseous Defect in Spina Bifida with Transplanted Bone, . . .	250
Treatment of Renal, . . .	124	Cow's Milk in Japan, Beneficial Consequences of Absence of, . . .	52
Colloid to the Abdomen, Tuberculous Peritonitis Cured by Application of, . . .	250	Cranch, Edward, M.D. Aurum in Medicine and Philosophy, . . .	1
Common Cough, . . .	217	Some Heart Remedies Compared, . . .	799
Comparison of Rhododendron, Colchicum, Cimicifuga and Pulsatilla in Rheumatism, . . .	403	Cranial Cavity with a New Set of Instruments, Opening the, . . .	184
Complications During Union of Subcutaneous Fracture, . . .	668	Cremation, Compulsory. H. J. Ravold, M.D., . . .	352
Compression of the Phrenic Nerve in Laryngitis Stridulus, . . .	315	Cretinism, Thyroid Feeding in, . . .	390
Compulsory Cremation. H. J. Ravold, M.D., . . .	352	Crico-Arytenoid Joint, Rheumatism of the, . . .	61
Conditions of Anxiety in Neurasthenia, Latent and Abortive, . . .	306	Muscles with Illustrative Case, Paralysis of the. R. H. Edmondson, M.D., . . .	720
Pilocarpine in Croup and Croupous, . . .	394	Croup, Ammonium Causticum in Membranous, . . .	318
Conduction of Labor by the External Examination Alone, . . .	253	and Croupous Conditions, Pilocarpine in, . . .	394
Confusion of Diseases of the Large Intestine with Gastric Affections, . . .	247	Cure of Hernia, Radical. J. Kent Sanders, M.D., . . .	438
Congestion of the Liver Accompanying Heart Diseases; Cirrhosis of Cardiac Origin, . . .	591	Curetting After Abortion, . . .	314
Veratrum Viride in Acute Pulmonary, . . .	62		
Conjunctivitis, Gelsemium in, . . .	672		
Constipation, Graphites in, . . .	541		
in Infancy, Dietetic Treatment of Chronic, . . .	394		
Plumbum in, . . .	408		
Contraindications for the Use of Ergot, Indications and, . . .	603		

	PAGE		PAGE
Cystitis in Women,	252	Diathesis, Arthritism and the Ner-	
Mercurius Solubilis in Chronic,	541	vous,	115
Treatment of,	187	Dietetic Treatment of Chronic Con-	
Treatment of,	393	stipation in Infancy,	394
Cysts of the Liver, Symptoms of Al-		Dietz, William G., M.D. Gastric Dis-	
veolar Hydatid,	55	orders of Pregnancy and their	
of the Pancreas, Diagnosis of, . .	601	Treatment,	13
Dake, Jabez P., A.M., M.D. What		Differential Diagnosis of Toothache,	181
the Homœopath Should Know		Digestive Disturbances, Eczema of	
of Drugs,	409	Nurslings and their Relation to, .	592
Obituary,	801	Dilatation of the Stomach, . . .	391
Danforth, L. L., M.D. Toxæmia of		Diphtheria. Horace Still, M.D., .	164
Pregnancy; A Review of Its Causes,		Cured by Aurum Triphyllum,	
Diagnosis and Treatment, with		Case of. Chandra Sekhar Kali,	
Reference to the Prevention of		L.M.S.,	422
Eclampsia,	481	Kali Bichromium in,	403
Danger of the Intra-Uterine Injection		Kali Phosphoricum in,	64
of Glycerine to Induce Abortion,	313	Methylene Blue in,	403
Deafness Treated by the Compressed		Practical Experience in. C.	
Air-Bath,	122	Neidhard, M.D.,	442
Two Cases of Hysterical,	605	Sublimate of Glycerine Locally	
Death, A Certain Sign of,	180	in,	300
from Injection of Cocaine into		Treatment of,	123
the Urethra,	746	Diplegia. Causticum in Facial,	480
Under Nitrous Oxide Gas,	398	Disease, Addison's,	247
Deformity Following Fractures In-		Barlow's. Martin Deschere, M.D.,	609
volving the Elbow Joint. Arthrot-		Hot Bath in Treatment of, . . .	390
omy for,	810	in Children, Hahnemann's Doc-	
Delirium Caused by a Small Stone		trine of Psora in the Treat-	
in the Left Nostril,	748	ment of. Wm. Boericke, M.D.,	500
Tremens, Chloralic,	248	in Children, Heart. Wm. W. Van	
Dentition with Diseases of the Teeth		Baun, M.D.,	518
as a Cause of Ear Disease,	315	Pathology of Grave's,	300
Depressions in the Skull of the New		Right-Sided Hydrothorax in	
Born. Treatment of,	395	Heart,	808
Deschere, Martin, M.D. Barlow's		Spigelia in Heart,	13
Diseases,	609	The Geography of Heart, Edwin	
Diabetes. A Lemonade for,	773	M. Hale, M.D.,	90
Artero-Sclerosis of the Pancreas		Vertigo in Connection with Ocu-	
and,	306	lar and Aural. C. M. Thomas,	
in Youthful Subjects, Sudden		M.D.,	95
Blindness in,	115	Diseases of Bicycle Riders, . . .	305
Mellitus in Children. Clifford		of Bicyclists,	475
Mitchell, M.D.,	129	of the Growing Period in Chil-	
Slowly Developing,	181	dren,	304
Diabetics. Gangrenous Ulcer of the		of the Heart, Organic. H. B.	
Prepuce in,	809	Garrigues, M.D.,	158
Diagnosis of Cancer of the Body of		of the Large Intestine with Gas-	
the Uterus,	603	tric Affections, Confusion of, .	247
of Cancer of the Stomach, Early,	665	Vaso-Motors, and Some of Their.	
of Colic Due to Pancreatic Cal-		Weston D. Bayley, M.D., . . .	99
culi,	534	Dislocation of the Tibia,	251
of Cysts of the Pancreas,	601	Dislocations of the Shoulder Joint,	
of Gastric Ulcers,	179	Clinical Arthrotony in Old. W.	
of Malignant Tumors of the		E. Green, M.D.,	362
Throat. Importance of an		Displacement of Uterus, Treatment	
Early,	813	of Posterior,	118
of Paralysis of the Elevators and		Disturbances of Uræmia, Mental, .	651
Depressors of the Eyeball,	121	of Vision in Cerebral Syphilis, .	113
of Toothache, Differential,	181	Diuretic Action of Cascara Sagrada,	594
of Tumors of the Pylorus,	651	Apocynum Cannabinum as a, . .	190
of Typhoid Fever,	391	Diverticulum, Strangulation of	
Diagnostic Importance, Backache		Meckel's,	597
and its,	532	Doses of Chloroform, Chloroformiza-	
Diarrhœa and its Treatment, Morn-		tion by Small and Continuous, .	250
ing,	665	Drainage in Abdominal Surgery, .	185
in Children. Treatment of,	670	in Chronic Hydrocephalus, Basal,	58
Salol in,	465	Dr. Hughes on Arsenicum Pathogen-	
		esis. M. W. Van Denburg, A.M.,	
		M.D.,	552

	PAGE		PAGE
Dropsy, Treatment of,	188	Correction,	663, 741
Drosera in Cough,	12	Dietetic Treatment of Phthisis,	529
Drugs—An Inquiry, Primary and Secondary Action of, M. W. Van Denburg, M.D.,	728	Editorial Notes,	111
What the Homœopath Should Know of, Jabez P. Dake, A.M., M.D.,	409	Et Cetera,	806
Dura Mater, Cancer of the Breast with Metastasis to the Femur and,	251	Foot Ball,	385
Dust, Surgical Meaning of,	185	Further Padding of the Medical Curriculum,	805
Dr. Van Denburg on the Pathogen- esis of Arsenic, Richard Hughes, M.D.,	550	Gouty Teeth,	589
Dysentery, Angophosa Lanceolata in,	317	Heart-Disease in Children,	53
Dysmenorrhœa, Viburnum Opulus in,	749	Heterogeneous Virtue,	295
Dyspepsia, Anacardium in Flatu- lent,	606	Jubilee Meeting of the American Institute of Homœopathy,	466
of Hernia,	303	Legislation for the Prevention of Blindness,	292
Treatment of Nervous,	671	Life,	472
Ear Affections, Papoid (Carica Pa- payal) in,	404	Light,	470
-Cotton Salmon Colored,	540	Marriage for the Unsound,	526
Disease, Dentition with Diseases of the Teeth as a Cause of,	315	Medical Education, The Four Years' Course,	587
Lemna Minor, Continued, Ar- borivital Medicine, being an Inquiry into the Curative Pow- ers of Some of our Common Field and Garden Plants, Judged of by Diseases of the, Robert T. Cooper, M.A., M.D., T.C.D.,	634	Multiplication of Medical Col- leges,	242
Some Considerations on the Treat- ment of Purulent Inflammations of the Middle, R. S. Copeland, M.D.,	570	Post-Graduate Study,	737
Treatment of Chronic Suppura- tion of the Middle,	121	Preparatory Education,	661
Early Diagnosis of Cancer of the Stomach,	665	Privileged Communications,	243
Treatment of Carcinomata Uteri, Eclampsia, Obstetrical Case with Double Vagina and Uterus, Complicated by, Edward W. Mercer, M.D.,	707	Removal of the Testes for En- largement of the Prostate,	740
Toxæmia of Pregnancy—A Re- view of its Causes, Diagnosis and Treatment, with Reference to the Prevention of, L. L. Danforth, M.D.,	481	Responsibility—Punishment,	735
Treatment, Puerperal,	60	State Society of Pennsylvania,	663
Eczema, Arsenicum in,	814	Superfluous Spectacles,	469
Cured by Graphites, Case of Chronic,	669	Symptoms,	176
Graphites in,	62	The American Institute of Ho- mœopathy,	296
of Nurslings and their Relation to Digestive Disturbances,	592	The Antitoxine Treatment of Diphtheria,	739
of Surgeons,	599	The Denver Meeting,	386
EDITORIALS		The Germ Cause of Appendicitis, The Hahnemann Monument,	384 245
A Blessing in Disguise,	294	The Homœopathic Medical So- ciety of Pennsylvania,	590
A Long-Lived Fad,	806	The Law Killeth,	586
An Editorial Association,	387	The Moral Aspect of the Liver,	803
Anthropometry,	382	Theory and Condition,	245
Anti-Choleric Vaccination,	660	The "Specialist" Evil,	109
Bodily Effects on Emotion,	802	Washington City Homœopathic Medical Society, and a So- called Medical College,	741
		What Shall the Harvest Be?	530
		Edmouson, R. H., M.D. Paralysis of the Crico-Arytenoid Muscles, with Illustrative Case,	720
		Permanganate of Potash in Opi- um Poisoning,	444
		Effect of Castration on Woman, and Other Problems in Gynecology,	308
		Elastic Sponge Compression in Vari- cose Ulcers,	117
		Elbow Joint, Arthrotoomy for De- formity Following Fracture In- volving the,	810
		Electrical Treatment of Fibroid Tu- mors of the Uterus,	401
		Electricity for Goitre,	535
		Endometritis, Membranous (Exfolia- tive),	185
		Enemata, Scarlet Rash After,	594
		Enlargement of the Prostate, Pa- thology of,	810
		Enteric Fever known as "The Ty- phoid Spine," Neurosis Follow- ing,	299

	PAGE		PAGE
Enteritis, Cachectic Variety of		Eyeballs, Diagnosis of Paralysis of	
Pseudo-Membranous, . . .	719	the Elevators and Depressors of	
Pseudo-Membranous, . . .	808	the, . . .	121
Enucleation, Myoma, . . .	185	Eyesight in Schools, Periodical Test-	
Epidemic of Measles at Antwerp,		ing of, . . .	477
Therapeutic Observations from an,	815	Eye-Strain, A Cause of Functional	
Epilepsy, Restrict Meat in, . . .	249	Nervous Disease. H. Ballou Bry-	
Treatment of, . . .	407	son, B.S.D., M.D., . . .	617
Epileptic Ætiology, Vanishing Fac-		Eyes, Hygiene of the, . . .	813
tors in. Weston T. Bayley, M.D., .	710	Face Movements, Cortical Centre for,	248
Epileptiform Attacks of Fainting,		Face, Successful Repair of a Case of	
Case of Permanent Slow Pulse, with,	592	Horrible Mutilation of the, . . .	58
Epileptoid States Dependent Upon		Facial Diplegia, Causticum in, . .	480
Heart Disease, . . .	474	False Disseminated Sclerosis Due to	
Epistaxis, Some Remedies Not Ordi-		Measles, . . .	473
narily Prescribed in, . . .	126	Febrile Affections with Normal or	
Epithelioma, Hydrastis in, . . .	63	Subnormal Temperature, . . .	393
Methylene Blue and Chromic Acid		Diseases, Care of the Bucal Mu-	
in, . . .	320	cous Membrane in Severe, . . .	569
Epithelium, Motion of Ciliated, . .	311	Feeding in Childhood, . . .	742
Ergot. Indications and Contraindi-		in Cretinism, Thyroid, . . .	390
cations for the Use of, . . .	603	Femoral Hernia, New Radical Op-	
Erosions of the Cervix, . . .	311	eration for, . . .	668
Errata, . . .	741, 800	Spasm, Passiflora in, . . .	256
Eruptions from the Use of the Bro-		Femur and Dura Mater. Cancer of	
mides, . . .	525	the Breast, with Metastasis to the, .	251
of Rheumatic Origin, . . .	305	Ferson, John L., M.D. A Few Reme-	
Rheumatic Skin, . . .	300	dies Having Amelioration from	
Erythema Nodosum of the Interior		Eating, . . .	30
of the Mouth, . . .	248	Fever, Cancrum Oris in Typhoid, . .	534
Et Cetera! . . .	806	Diagnosis of Typhoid, . . .	391
Ethereal Solution of Iodoform in the		"Heat." W. J. Martin, M.D., . .	781
Treatment of Hæmorrhoids, . . .	596	Infantile Typhoid. N. Tooker,	
Ether Locally in Incarcerated Her-		M.D., . . .	193
nia, . . .	57	Intermittent. E. Fornias, M.D.,	206
Narcosis. Venous Thrombosis in		Known as "The Typhoid Spine,"	
the Lower Extremities after		Neurosis Following Enteric, . .	299
Laparotomy in Trendelen-		New Sign of Typhoid, . . .	113
burg's Position with, . . .	400	Few Remedies Having Amelioration	
Europhen-Aristol and Methylene		from Eating. John L. Ferson,	
Blue in Cancer, . . .	184	M.D., . . .	30
Evolution and Prognosis of the Var-		Thoughts Upon the Teeth. Au-	
ious Forms of Chronic Myocar-		gustus Kornderfer, M.D., . . .	703
ditis, . . .	180	Fibroids, The Life and Death of	
Examination of Female Bladder and		Uterine, . . .	60
Catheterization of Uterus, . .	538	Treatment of Uterine. L. Wil-	
of the Female Bladder and the		lard Reading, M.D., . . .	645
Catheterization of the Ureters		Fibromatous Uterus, Technique of	
Under Direct Inspection, . . .	183	Total Extirpation of the, . . .	120
of the Vaginal Secretions of One		Fimbria, Accessory Tubes and, . .	603
Hundred Pregnant Women, . .	313	Fingers and Nails for Surgical Op-	
Excision of the Prostate, . . .	395	erations, Suggestion Upon the	
Experimental Anæsthesia at Sea, . .	534	Preparation of the, . . .	596
External Examination Alone, Con-		First Signs of Locomotor Ataxia, .	247
duction of Labor by the, . . .	253	Fistula, Operative Treatment of	
Extraction of Teeth Without Pain.		Large Vesico-Vaginal, . . .	399
F. H. Pritchard, M.D., . . .	573	Flatulent Dyspepsia, Anacardium in,	
Extra-Uterine Pregnancy, . . .	118	Flinn, Lewis W., A.M., M.D. Case	
Eye, Action of Hydrochlorate of		of Low Temperature in Typhoid	
Scopolamine on the, . . .	604	Fever, with Recovery, . . .	241
Action of Scopolamine on the, .	122	Floating Liver, Case of, . . .	55
Affections, Spigelia in, . . .	608	Fornias, E., M.D. Intermittent Fe-	
in Severe and Persistent Cases of		ver, . . .	206
Prosopalgia, Importance of		Fracture of the Clavicle as a Contra-	
Carefully Examining the. J.		Indication for the Employ-	
R. Perrine, M.D., Pittsburgh,		ment of Schultze's Method of	
Pa., . . .	291	Artificial Respiration, . . .	399
Rheumatic Affections of the. W.		of the Radius, Treatment of	
H. Bigler, M.D., . . .	685	Typical, . . .	597
Treatment of Chorea, . . .	402		

	PAGE		PAGE
Fracture Involving the Elbow Joint, Arthrotomy for Deformity Following,	810	Gonorrhœal Rheumatism,	301
Landerer's Method of Treating,	811	Gouty Subjects, Pneumonia in,	175
Fractures, Complications During Union of Subcutaneous,	668	Gramm, Edward M., M.D. Psorium in Syphilis,	35
Fungi of Skin Diseases Parasitic. H. W. Westover, M.D.,	557	Scabies and its Treatment,	688
Further Cases of Bright's Disease, with Remarks Upon the Same. W. S. Searle, A.M., M.D.,	65	Gramm, Theodore J., M.D. A Case of Tubal Pregnancy, Tubal Abortion, Abdominal Section, Recovery,	792
Padding of the Medical Curriculum,	805	Granulated Lids by Massage with Boracic Acid, Treatment of. William Spencer, M.D.,	698
Report of Six Operations for Movable Kidney, and also a Case of Exploratory Puncture of the Kidneys. Sidney F. Wilcox, M.D.,	678	Graphites. Case of Chronic Eczema Cured by,	669
Gale, Charles M., M.D. Tubercular Meningitis,	578	in Constipation,	511
Gangrene, Rupture of the Popliteal Artery and Consequent,	251	in Eczema,	62
Gangrenous Stomatitis, Case of. Illustrated. Landreth W. Thompson, M.D.,	102	Grave's Disease, Pathology of,	300
Ulcer of the Prepuce in Diabetics, Garrigues, H. B., M.D. Organic Diseases of the Heart,	158	Grave Varieties of Singultus,	595
Gastralgia, Treatment of,	128	Green, W. E., M.D. Arthrotomy in Old Dislocations of the Shoulder-Joint, Clinical,	362
Gastric Affections, Confusion of Diseases of the Large Intestine with,	247	Grippe, Some Hints on the Treatment of,	255
Disorders of Pregnancy and their Homœopathic Treatment. William G. Dietz, M.D.,	13	Treatment of the,	188
Ulcers, Diagnosis of,	179	Grofford's Experience with Tubercular Peritonitis,	538
Gelsemium,	514	Grove, C. E., M.D. Vaginal Hysterectomy,	787
in Amblyopia,	510	Guernsey, Joseph C., A.M., M.D. How to Study the Materia Medica,	235
in Conjunctivitis,	672	"Symptoms" the Basis of Homœopathic Prescribing,	78
Sempervirens, Study of Isolated Symptoms of. Eldridge C. Price, M.D.,	491	Gynæcological Operations, Trendelenberg Position in,	119
General Characteristics of the Potash Salts,	751	Gynæcology and Obstetrics, Affections of the Eyes in Relation to,	400
Genital Organs of Women and Diseases of the Stomach, Relation Between Diseases of the,	539	Effect of Castration on Women, and Other Problems in,	308
Geographica, Lingua,	180	Ichthyol in,	313
Geography of Heart Disease. Edwin M. Hale, M.D.,	90	Hæmaturia, Aconite in Acute Nephritis with,	62
Geranium Maculatum,	318	Hæmic Affections,	112
Gland, Carcinoma of the Stomach, with a Colossal Enlargement of a Left Supraclavicular Lymphatic,	388	Hæmoptysis of Consumption, Ledum Palustre,	719
Glycerine Bougies for the Induction of Premature Labor,	601	Hæmorrhage After Extraction of Teeth and its Treatment,	598
Locally in Diphtheria, Sublimated of,	300	and Retained Placenta, Treatment of Post-partum,	812
Glycosuria, Arsenic as a Cause of,	752	Following Tonsillotomy,	314
Treatment of Functional Nervous Diseases with Persistent Albuminuria and,	743	in Typhoid Fever, Intestinal,	54
Goitre, Electricity for,	535	Intra-Intestinal Injections of Hot Water for the Relief of Shock, Particularly from,	389
Gonorrhœa, Abortive Treatment of, Ideal Treatment of Acute,	667	Hæmorrhages, Ligation of the Vasa Uterina for the Treatment of Uterine Myomas and Uterine,	310
Thuja in Acillodynia and its Connection with,	124	Hæmorrhoids, Etheral Solution of Iodoform in the Treatment of, Simple Method of Treating the Wound After Excising,	183
Gonorrhœal Infection of Women, Treatment of,	311	Hæmostatic, Hydrogen Peroxide a,	315
		Hahnemann Medical College of Philadelphia, British Congress and the. William H. Bigler, M.D.,	51
		Hahnemann's Doctrine of Psora in the Treatment of Disease in Children. William Boericke, M.D.,	500

	PAGE		PAGE
Hale, E. M., M.D. Correspondence.		Homœopaths, Treatment of Influenza by Spanish,	672
The Blood of Eels a Toxic Poison,	585	Homœopathic Materia Medica. Primary. William A. Seibert, M.D.,	321
The Geography of Heart Disease,	90	Prescribing, "Symptoms" the Basis of. J. C. Guernsey, A.M., M.D.,	78
Primary and Secondary Symptoms and Their Relation to Dose,	753	Remedies Hypodermically,	191
Haman, William A., M.D. Anomalous Location of the Intermittent Pain Accompanying the Uterine Contractions in Labor,	448	Hot Bath in Treatment of Disease,	390
Headache, Lachesis in,	608	Hot Water in the Treatment of Obesity, Nitrogenous Diet and,	533
Menyanthes in,	544	How to Study and Teach Materia Medica. Charles S. Mack, M.D.,	545
Spigelia in,	607	How to Study the Materia Medica. Joseph C. Guernsey, A.M., M.D.,	235
Trephining for,	536	Hoyt, W., M.D. Puerperal Convulsions,	444
Heart Disease in Children. William W. Van Bunn, M.D.,	518	Hughes, Richard, M.D. Dr. Van Denburg on the Pathogenesis of Arsenic,	550
Right-Sided Hydrothorax in,	808	On the Best Method of Studying and Teaching Materia Medica,	412
Remedies Compared, Some. Edward Cranch, M.D.,	799	Pathogenesis of Arsenic. A Reply to Dr. Van Denburg,	732
Spigelia in,	13	Hyaline Casts, in Functional Nervous Diseases, Persistent Albuminuria and Glycosuria, with Frequent,	743
The Geography of. Edwin M. Hale, M.D.,	90	Hydnocarpus Ebrians in Leprosy,	404
Diseases, Cirrhosis of Cardiac Origin, Congestion of the Liver Accompanying,	591	Hydrastis Canadensis in Night Sweats,	318
Epileptoid States Dependent Upon,	474	in Epithelioma,	63
Heart, Organic Diseases of the. H. B. Garrigue, M.D.,	158	Hydrocele, New Treatment of,	251
Spigelia in Affections of the, or Stomach Diseased? Is the, in Relation to Its Own and Other Maladies: A Plea for the Proper Estimation of the Cardiac Apparatus as a Symptom and State-Producing Factor, Some Considerations Concerning the. Edward R. Snader, M.D.,	664	Treatment of,	250
Hemiplegia, Puerperal,	425	Hydrocephalus, Basal Drainage in Chronic,	58
"Heat" Fever. W. J. Martin, M.D.,	594	Hydrogen Peroxide a Hæmostatic, Hydronephrosis and Pyelitis, Treatment of,	315
Hepatitis, Suppurative. C. M. Smith, M.D.,	781	Contusion of the Kidney and Pseudo-,	189
Hereditary Chorea,	566	Hydrothorax in Heart Disease, Right-Sided,	811
Hernia, Dyspepsia of,	390	Hygiene of the Eyes,	808
Ether Locally in Incarcerated, New Radical Operation for Femoral,	303	Hygienic Relation to the Body, The Nose and Its,	813
Operative Treatment of Congenital,	57	Hypodermic Injections of Strychnine, Treatment of Snake Bite by,	813
Radical Cure of. J. Kent Sanders, M.D.,	668	Alimentation,	808
Heterophoria, A Safe Line Drawn Between Operative and Non-Operative Cases,	397	Purgative,	394
Hiccough, Irrigation of the Stomach in Incoercible,	438	Hypodermically, Homœopathic Remedies,	354
Snuff in Obstinate,	122	Hysterectomy by the Clamp Operation,	191
Valerianate of Zinc in Obstinate,	389	Complicated by Hæmorrhage Through the Abdominal Cæcatrix. Pregnancy Following a Partial Supra-Pubic,	309
Hill, Emily L., M.D. Kali Phos. as the Nerve Tissue Salt,	475	for Prolapsis,	401
Hints on the Treatment of Grippe, Some,	541	for Uterine Cancer, Improvement of Permanent Results in,	599
Histology of Trachoma, Some Points in the,	642	Vaginal. C. E. Grove, M.D.,	747
Homœopath Should Know of Drugs. What the, Jabez P. Dake, A.M., M.D.,	540	Vaginal. J. H. McClelland, M.D.,	787
	409	Sidney F. Wilcox, M.D.,	151
		Hysterical Deafness, Two Cases of,	200

	PAGE		PAGE
Iberis Amara in Cardiac Affections, . . .	479	Insufficiency, Pseudo-Aortic, . . .	179
Ichthylol in Gynaecology, . . .	313	Insufflation of Air, Treatment of	
Ideal Napkin for the Puerperal Woman, . . .	538	Tubercular Peritonitis by, . . .	476
Importance of an Early Diagnosis of Malignant Tumors of the Throat, . . .	813	Intermittent Fever, E. Fornias, M.D., . . .	206
Treatment of Acute Gonorrhœa, . . .	667	Intestine, Case of Perforation of the Puerperal Uterus by the Curette, with Prolapse and Strangulation of the, . . .	811
of Carefully Examining the Eye in Severe and Persistent Cases of Prosopalgia, J. K. Perrine, M.D., Pittsburgh, . . .	291	New Sign of Intestinal Occlusion from Incarceration of the, . . .	392
Improvement of Permanent Results in Hysterectomy for Uterine Cancer, . . .	747	Tuberculous Stricture of the, . . .	251
Incarcerated Herni, Ether Locally in, . . .	57	with Gastric Affections, Confusion of Diseases of the Large, . . .	247
Indications and Contraindications for the Use of Ergot, . . .	603	Intestinal Affections and Skin Affections, . . .	594
for Symphyseotomy, . . .	309	Hæmorrhage in Typhoid Fever, . . .	54
Symphyseotomy—Limits and—, . . .	119	Occlusion, Plumbum in, . . .	190
Induction of Labor in the Albuminuria of Pregnancy, . . .	120	Intracirculatory Injection of Saline Solution, Illustrated. H. L. Northrop, M.D., . . .	722
of Premature Labor, Glycerine Bougies for the, . . .	601	Intra-Intestinal Injections of Hot Water for the Relief of Shock, Particularly from Hæmorrhage, . . .	389
Infancy, Dietetic Treatment of Chronic Constipation in, . . .	394	Intubation of the Larynx, . . .	604
Infantile Typhoid Fever, N. Tooker, M.D., . . .	193	Intussusception in an Infant, Acute, Involuntary Proving, Anacardium, . . .	598
Infant Paralysis, . . .	745	Iodide of Potash in Chronic Urticaria, . . .	534
Infantum, Cholera, C. H. Thomas, M.D., . . .	509	Iodine and Its Preparations, . . .	123
Infection of Women, Treatment of Gonorrhœal, . . .	311	Iodoform in the Treatment of Hæmorrhoids, Ethereal Solution of, . . .	596
Through the Placenta, Tubercular, Roland T. White, M.D., . . .	774	Mental Disturbance from, . . .	475
Inflammation of the Cæcum and Its Appendix, The Various Forms of, . . .	808	on Pus Microbes and Leucocytes, Action of, . . .	117
of the Middle Ear. Some Considerations on the Treatment of Purulent, R. S. Copeland, M.D., . . .	570	Iridectomy in the Treatment of Ulcers and Abscess of the Cornea, . . .	605
Influence of Chloroform on the Kidney, . . .	117	Irrigation of the Stomach in Incoercible Hiccough, . . .	389
Influenza by Spanish Homœopaths, Treatment of, . . .	672	Irritation, Spinal, . . .	317
Pneumonia of, . . .	388	Is the Heart or Stomach Diseased? . . .	664
Rhus Toxicodendron in, . . .	543	Jaborandi in Vomiting of Pregnancy, . . .	192
Ingersoll, W. K., M.D. Micrococcus Lauerolatus and Its Clinical Significance, . . .	730	James Kitchen, M.D., . . .	608
Injection of Glycerine to Induce Abortion, Danger of the Intra-Uterine, . . .	313	Japan, Beneficial Consequences of Absence of Cow's Milk in, . . .	52
of Saline Solution. Illustrated. Intracirculatory. H. L. Northrop, M.D., . . .	722	Joint, Rheumatism of the Crico-Arytenoid, . . .	61
Injections for Inoperable Carcinoma, Salicylic Acid, . . .	599	Jordan, L. W., M.D. Twenty-three Cases of Cataract, . . .	577
of Hot Water for the Relief of Shock, Particularly from Hæmorrhage, Intra-Intestinal, . . .	389	Jubilee Meeting, American Institute of Homœopathy, . . .	450
of Strychnine, Treatment of Snake Bite by Hypodermic, . . .	808	Kali Bichromicum in Diphtheria, . . .	403
Injuries of the Skull in Breech Presentations, . . .	186	in Ulcerations of the Throat, . . .	798
Insanity, Belladonna in Incipient, . . .	607	Upon the Kidneys, Study of the Pathogenetic Action of, F. H. Pritchard, M.D., . . .	355
Paris Quadrifolia in Loquacious, . . .	405	Kali, Chandra Sekhar, L.M.S. Case of Diphtheria Cured by Aurum Triphyllum, . . .	422
Instruments, Opening the Cranial Cavity with a New Set of, . . .	184	Kali Hydriod. in Phthisis, . . .	256
		Kali Iod. in Bronchitis and Asthma, . . .	752
		Kali Phos. as the Nerve-Tissue Salt, Emily L. Hill, M.D., . . .	642
		in Diphtheria, . . .	64
		in Neurasthenia, . . .	64
		Kidney and Pseudo Hydro-Nephrosis, Confusion of the, . . .	811
		Further Report of Six Operations for Movable Kidney, and	

	PAGE		PAGE
also a Case of Exploratory Puncture of the. Sidney F. Wilcox, M.D.,	678	Leucocytes, Action of Iodoform on Pus Microbes and,	117
Influence of Chloroform on the,	117	Leucorrhœa, Treatment of,	814
Symptoms of Movable,	182	Treatment of Scrofulous,	814
Study of the Pathogenetic Ac- tion of Kali Bichromicum Upon the. F. H. Pritchard, M.D.,	555	Licensure—The Result of Two Years of Trial in the State of New York State Medical. H. M. Paine, M.D.,	228
Korndorfer, Augustus, M.D. Few Thoughts Upon The Teeth,	703	Life and Death of Uterine Fibroids, Ligation of the Vasa Uterina for the Treatment of Uterine Myomas and Uterine Hemorrhages,	60
Kraft, Frank, M.D. Address of the Chairman of the Section of Mate- ria Medica and Therapeutics,	504	Limits and Indications, Symphyse- otomy,	310
Labor, Anomalous Location of the Intermittent Pain Accompa- nying the Uterine Contrac- tions in. William A. Haman, M.D.,	448	Liniary Electrolysis in Urethral Strictures,	119
as Causes of Melæna Neonato- rum, Lesions of the Central Organs in,	539	Lingua Geographica,	665
by the External Examination Alone, Conduction of,	325	Lithæmia; Its Relation to Bright's Disease and its Treatment. W. S. Searle, A.M., M.D.,	180
Complicated by Ovarian Tumors, Glycerine Bougies for the In- duction of Premature,	747	Liver, Ascites Connected With Nut- meg,	327
in a Primipara Thirty-Nine Years of Age, Case of. Frank H. Pritchard, M.D.,	601	Case of Floating,	392
in the Albuminuria of Preg- nancy, The Induction of,	233	Method of Examining the,	55
Rectal Examination as a Substi- tute for the Vaginal in the Management of,	120	Cirrhosis of the,	168
Lachesis in Headache,	400	Nervous Gall-Stone Colic-Neu- ralgia of the,	301
Lachnanthes,	608	Symptoms of Alveolar Hydrated Cysts of the,	55
Lactic Acid in Chronic Laryngitis,	64	Local Edemas,	591
in Corneal Ulcers,	605	Locomotor Ataxia, First Signs of,	247
La Grippe, Phosphorus in Mental Hebitude Following,	405	Lungs, Primary Sarcoma of the,	303
Landerer's Method of Treating Frac- tures,	811	Lupus Exedens, Bacillinum in,	320
Laparotomy in Trendelenburg's Po- sition with Ether Narcosis, Venous Thrombosis in the Lower Extremi- ties After,	400	Mack, Charles S., M.D. How to Study and Teach Materia Medica,	545
Laryngitis, Lactic Acid in Chronic,	605	Magnesia Phosphorica in Cerebral Meningitis,	178
Pseudo-Membranous, Its Me- chanical and Medicinal Treat- ment. J. W. Means, M.D.,	511	Malignant Scarlatina, Case of,	302
Stridulus, Compression of the Phrenic Nerve in,	315	Maltine. Egbert Guernsey, M.D.,	743
Larynx, Intubation of the,	604	Mammitis and Carcinoma of the Breast, Chronic,	251
Latent and Abortive Conditions of Anxiety in Neurasthenia,	306	Martin, W. J., M.D. "Heat-Fever," Materia Medica and Therapeutics, Address of the Chairman of the Section of. Frank Kraft, M.D.,	781
Laughing Gas as an Anæsthetic in General Surgery,	116	How to Study the. Joseph C. Guernsey, A.M., M.D.,	545
Ledum in Punctured Wound,	544	On the Best Method of Study- ing and Teaching. Richard Hughes, M.D.,	235
Palustre in the Hæmoptysis of Consumption,	719	Primary Homœopathic. Wm. A. Seibert, M.D.,	412
Lemna Minor, Arborivital Medicine, Viola Odorata. Robert T. Cooper, M.A., M.D.,	154	Should be Taught," an Opinion of "How. M. D. Youngman, M.D.,	321
Lemonade for Diabetes,	773	Some Thoughts on. C. S. Schwenk, M.D.,	271
Leprosy, Hydnocarpus Ebrians in,	404	McClelland, J. H., M.D. Vaginal Hysterectomy,	777
Lesions of the Central Organs in La- bor as Causes of Melæna Neona- torum,	539	McDonald, Wm. O., M.D. Treat- ment of Ascites Due to Peritonitis by Abdominal Section,	151
		Means, J. W., M.D. Pseudo-Mem- branous Laryngitis, its Mechanical and Medicinal Treatment,	783
		Meat in Epilepsy, Restrict,	511
		Measles at Antwerp, Therapeutic Ob- servations From an Epidemic of,	249
			815

	PAGE		PAGE
Measles, False Disseminated Sclerosis Due to,	473	Motor and Trophic Disturbance in Relation to Prolapsus Uteri, . . .	312
Meconium, Premature Discharge of,	601	Mouth and Pharynx, Preliminary Tracheotomy in Operations in the,	250
Medication, Prophylactic,	190	Erythema Nodosum of the Interior of the,	248
Medicine and Philosophy, Aurum in. Edward Cranch, M.D.,	1	Movable Kidney, Symptoms of, . . .	182
Preventive. De Witt (J. Wilcox, M.D.,	257	Multiple Neuritis Developing During Treatment of Chorea by Arsenic,	807
Mælena Neonatorum, Lesion of the Central Organs in Labor as Causes of,	539	Muscles, with Illustrated Case, Paralysis of the Crico-Arytenoid. R. H. Edmondson, M.D.,	720
Melilotus Alba,	317	Muscular Pseudo-Rheumatic Conditions Due to Neuritis, Articular and,	182
Membrane in Severe Febrile Diseases, Care of the Buccal Mucous,	569	Mumps, Anomalous Case of,	181
Membranous Croup, Ammonium Causticum in,	318	Orchitis of,	306
(Exfoliative) Endometritis,	185	Murex Purpurea in Sexual and Uterine Affections,	608
Meningitis in Adults, Tetanic Form of Tuberculous,	305	Myocarditis, Evolution and Prognosis of the Various Forms of Chronic,	180
Magnesia Phosphorica in Cerebral,	178	Myofibroma Uteri, Senn-Nicholas Operative Treatment of,	746
Operative Treatment of Tubercular,	396	Myoma Enucleation,	185
Tubercular. Charles M. Gale, M.D.,	578	Myomas and Uterine Hæmorrhages, Ligation of the Vasa-Uterina for the Treatment of Uterine, of the Uterus, Treatment of Large,	310
Menstruation,	59	Myomectomy, New Simplification of Treatment of the Stump in,	400
Mental Disturbance from Iodoform,	475	Myositis, Causticum in,	816
Disturbances of Uræmia,	651	Naja Haje, The Venom of,	404
Menyanthes,	623	Narcotic Antidotes, Strychnine as a,	535
in Headache,	544	Nasal Affections, Sozoidol in Aural and,	539
Mercer, Edward W., M.D. Obstetrical Case with Double Vagina and Uterus, Complicated by Eclampsia,	707	Obstructions, Simplicity in the Treatment of,	314
Mercurius Corrosivus in Acute Peritonitis,	814	Obstructions, Treatment of,	168
Solubilis in Chronic Cystitis,	541	Nature, Origin, and Treatment, Convulsive Affections, Their. Weston D. Bayley, M.D.,	282
Metastasis to the Femur and Dura Mater, Cancer of the Breast with,	251	Neidhard, C., M.D. Practical Experience in Diphtheria,	442
Method, Amputations by Neudorfer's,	666	Neonatorum, Ophthalmia,	540
of Examining the Liver,	168	Nephritis and Ascending Motor Paralysis, Case of Strychnine Poisoning Followed by Acute,	593
Methylene Blue and Chromic Acid in Epitheloma,	320	"Nerve Waste," as Indicated by the Urine, Treatment of. Clifford Mitchell, M.D.,	673
Blue in Cancer, Europhen, Aristol and,	184	Nephritis, Prevention of Scarlatinal, Treatment of Acute,	126
Blue in Diphtheria,	403	with Hæmaturia, Aconite in Acute,	62
Mezereum in Aural Affections,	480	Nervousness and its Treatment,	128
Microbes and Leucocytes, Action of Iodoform on Pus,	117	Nervous Dyspepsia, Treatment of,	671
Milk, Chemical Difference Between Cow's and Human,	399	Gall-stone Colic, Neuralgia of the Liver,	55
Millium Pendulum in Threatening Abortion,	816	Diseases, Persistent Albuminuria and Glycosuria, with Frequent Hyaline Casts in Functional,	743
Minor Symptoms of Chronic Bright's Disease,	54	Diseases, Eye-Strain a Cause of Functional. H. Ballou Bryson, B.S.D., M.D.,	617
Micrococcus Lauerolatus and its Clinical Significance. W. K. Ingersoll, M.D.,	730		
Mitchell, Clifford, M.D. Diabetes Mellitus in Children,	129		
Treatment of Nerve Waste as Indicated by the Urine,	673		
Moral Aspect of the Liver,	803		
Morbus Werlhoffii, Phosphorus in,	64		
Morning Diarrhœa and its Treatment,	665		
Morphine as an Antidote to Atropine Poisoning,	56		
Moschus,	318		
Motion of Ciliated Epithelium,	311		

	PAGE		PAGE
Nervous Diathesis, Arthritism and the,	115	Obesity, Nitrogenous Diet and Hot Water in the Treatment of, . . .	533
Nerve-Tissue Salt, Kali Phos. as the, Emily L. Hill, M.D.,	642	Obituary. H. M. Dayfoot, M.D., Rochester, N. Y.,	298
Causticum in Paralysis of the Oculo-Motor,	256	Jabez P. Dake, M.D.,	801
Neudörfer's Method, Amputations by Neuralgia, Atropine in Trigeminal,	191	James Kitchen, M.D., Philadel-phia. A. R. T.,	652
Braun-Lossen Operation for Trigeminal,	398	Obstetrical Case with Double Vagina and Uterus Complicated by Eclampsia. Edward W. Mercer, M.D.,	707
Neurasthenia,	114	Operations, Practical Value of Walcher's Hanging Position in,	186
Kali Phosphoricum in,	61	Obstetrics, Affections of the Eyes in Relation to Gynecology and,	400
Latent and Abortive Conditions of Anxiety in,	306	Obstructions, Simplicity in the Treatment of Nasal,	314
Platina and Aurum in,	254	Treatment of Nasal,	168
Syphilitic,	108	Occlusion from Incarceration of the Intestine, New Sign of Intestinal,	392
Treatment of,	254	Plumbum in Intestinal,	190
Neurasthenic Period of General Paralysis, Prodromic,	113	Ocular and Aural Disease, Vertigo in Connection with. C. M. Thomas, M.D.,	95
Neuritis, Arsenicum in Multiple,	750	Muscles, Asthenopia Not Dependent Upon Errors of Refraction Nor Insufficiency of the,	122
Articular and Muscular Pseudo-Rheumatic Conditions Due to, Developing During Treatment of Chorea by Arsenic, Multiple,	807	Neurosis, Reflex,	477
Neurosis Following Enteric Fever Known as "The Typhoid Spine,"	299	Oculist. Relation of Physician and, Peter Cooper, M.D.,	9
Neuroses, Reflex Ocular,	477	Oculo-Motor Nerve, Causticum in Paralysis of the,	256
New Method of Examining for Renal Calculus,	595	Oedema, Local,	591
of Obtaining Local Anæsthesia by Cocaine,	598	Odontalgia, Staphisagria in Dental Caries and,	62
New Operation for Acquired Retroversion and Retroflexion,	252	On the Best Method of Studying and Teaching Materia Medica. Richard Hughes, M.D.,	412
for Prolapsus Uteri,	185	Opening the Cranial Cavity with a New Set of Instruments,	184
New Radical Operation for Femoral Hernia,	668	Operation for Prolapsus Uteri, New,	185
New Sign of Ascites,	391	for Femoral Hernia, New Radical,	668
of Intestinal Occlusion from Incarceration of the Intestines, of Typhoid Fever,	392	for Trigeminal Neuralgia, Braun-Lossen,	398
113		for Uterine Displacements, Alexander's,	310
New Simplification of Treatment of the Stump in Myectomy,	400	Hysterectomy by the Clamp,	309
New Treatment for Inoperable Cancer of the Uterus,	186	in the Quiescent Period, Recurrent Appendicitis Treated by,	537
for Pulmonary Tuberculosis,	249	Operations in the Mouth and Pharynx, Preliminary Tracheotomy in,	250
of Hydrocele,	251	for Movable Kidney, and Also a Case of Exploratory Puncture of the Kidney, Further Report of Six. Sidney F. Wilcox, M.D.,	678
Nitrogenous Diet and Hot Water in the Treatment of Obesity,	533	Practical Value of Walcher's Hanging Position in Obstetrical,	186
Nitrous Oxide Gas, Death Under,	398	Trendelenburg Position in Gynecological,	119
Non-Operative Cases, Heterophoria, a Safe Line Drawn Between Operative and,	122	Operative and Non-Operative Cases. Heterophoria, a Safe Line Drawn Between,	122
Northrop, H. L., M.D. Intracirculatory Injection of Saline Solution. Illustrated,	722	Treatment of Congenital Hernia,	397
Nystagmus,	27		
Norton, C. R., M.D. Some Considerations Concerning the Therapeutic Uses of Water,	770		
Nose-Bleed and Its Treatment,	478		
Nostril, Delirium Caused by a Small Stone in the Left,	748		
Notes on the Effect of Poke Berries on Birds. W. E. Rotzell, M.D.,	790		
Nurslings and Their Relation to Digestive Disturbances, Eczema of,	592		
Nutmeg Liver, Ascites Connected with,	392		
Nux Moschata, Proving of,	479		
Nystagmus. H. L. Northrop, M.D.,	27		

	PAGE		PAGE
Operative Treatment of Large Vesico-Vaginal Fistule,	399	of Vegetable Philip E. Arcularius, A.M., M.D.,	624
of Tubercular Meningitis,	396	Fungi of Skin Diseases. H. W. Westover, M.D.,	557
of Vulvitis Pruriginosa,		Paris Quadrifolia in Loquacious Insanity,	405
Etiology and (Pruritus Vulvae),	311	Paronychia, Treatment of,	406
Opium Poisoning, Permanganate of Potash in. R. H. Edmondson, M.D.,	444	Passiflora in Femoral Spasm,	256
Ophthalmia Neonatorum,	540	Pathogenesis. Dr. Hughes on Arsenicum. M. W. Van Denburg, A.M., M.D.,	552
Ophthalmic Suggestions for the General Practitioner,	748	of Arsenic. A Reply to Dr. Van Denburg. Richard Hughes, M.D.,	732
Orchitis of Mumps,	306	of Arsenic. Dr. Van Denburg on the. Richard Hughes, M.D.,	550
Orientalis, Anacardium,	254	Pathological Conditions of the Ovaries Causing Sterility (with eight photo-micrographs), Some. Theodore J. Gramm, M.D.,	83
Organic Diseases of the Heart. H. B. Garrigues, M.D.,	158	Significance of High Temperature. J. R. Phillips, M.D.,	696
Origin, Eruptions of Rheumatic, of Puerperal Osteomalacia,	312	of Enlargement of the Prostate, of Grave's Disease,	810 300
Osseous Defect in Spina Bifida with Transplanted Bone, Covering the,	250	Periodicity in Mental. Selden H. Talcott, A.M., M.D., Ph.D.,	514
Osteomalacia,	399	Peck. George B., M.D. Recollections of an Accoucheur,	265
from a New Point of View,	399	Pelvic Floor, Relaxation of the. With eleven Illustrations. James C. Wood, M.D.,	339
Origin of Puerperal,	312	Period in Children, Diseases of the Growing,	304
Surgical Treatment of,	399	Periodical Testing of Eyesight in Schools,	477
Value of Castration for,	602	Periodicity in Mental Pathology. Selden H. Talcott, A.M., M.D., Ph.D.,	514
Ouabain in Pertussis,	480	Peritiphlytis and its Treatment, Rheumatic,	664
Ovarian Tumors, Labor Complicated by,	747	Peritonitis by Abdominal Section, Treatment of Ascites Due to. Wm. O. McDonald, M.D.,	763
Ovaries Causing Sterility (with eight photo-micrographs), Some Pathological Conditions of the. Theodore J. Gramm, M.D.,	83	by Insufflation of Air, Treatment of Tubercular,	476
Sarcoma of the,	812	Cured by Application of Colloidion to the Abdomen, Tuberculous,	250
Oxalic Acid, Poisoning by,	809	Grofford's Experience with Tubercular,	538
Oxygen, Septicemia and Its Treatment with,	120	Mercurius Corrosivus in Acute, Sulphur in Tuberculous,	814 816
Paine, H. M., M.D. State Medical Licensure. The Result of Two Years of Trial in the State of New York,	228	Permanganate of Potash in Opium Poisoning. R. H. Edmondson, M.D.,	444
Pain, Extraction of Teeth Without. F. R. Pritchard, M.D.,	573	Perrine, J. K., M.D. Pittsburgh, Pa. Importance of Carefully Examining the Eye in Severe and Persistent Cases of Prosopalgia,	291
Pains in Affections of the Blood-vessels,	112	Persistent Albuminuria and Glycosuria with Frequent Hyaline Casts in Functional Nervous Diseases,	743
Pancreatic Calculi, Diagnosis of Colic Due to,	534	Pertussis, Ouabain in,	480
Pancreas and Diabetes, Artero-Sclerosis of the,	306	Petroleum as a Local Application for Cancer and Vaginitis,	185
Diagnosis of Cysts of the,	601	Pharyngitis, Rheumatoid,	61
Papoid (Carica Papaya) in Ear Affections,	404	Pharynx, Preliminary Tracheotomy in Operations in the Mouth and,	250
Paralysis Following Chloroformization,	597		
Case of Strychnine Poisoning, followed by Acute Nephritis and Ascending Motor,	593		
Infant,	745		
of the Crico-Arytenoid Muscles, with Illustrative Case. R. H. Edmondson, M.D.,	720		
of the Elevators and Depressors of the Eyeballs, Diagnosis of,	121		
of the Oculo-Motor Nerve, Cauticum in,	256		
Plumbum in Writers'	480		
Prodromic Neurasthenic Period of General,	113		
Parasitic Diseases of the Skin. Illustrated. Anomalous Forms			

	PAGE		PAGE
Phillips, J. R., M.D. Pathological		Pregnancy, The Induction of Labor	
Significance of High Temperature,	696	in the Albuminuria of, . . .	120
Phosphaturic Albuminuria, . . .	181	Toxæmia of. A Review of its	
Phosphorus, Case of Capillary Bron-		Causes, Diagnosis and Treat-	
chitis Cured by, . . .	190	ment, with Reference to the	
in Mental Hebetude Following		Prevention of Eclampsia. L.	
La Grippe, . . .	405	L. Danforth, M.D., . . .	481
in Morbus Werthoffii, . . .	64	Tubal Abortion, Abdominal Sec-	
Phrenic Nerve in Laryngitis Stridu-		tion, Recovery, A Case of	
lus, Compression of the, . . .	315	Theodore J. Gramm, M.D., . .	792
Phthisis, Cannabis Sativa in, . . .	256	Pregnant Women, Examination of	
Kali Hydriod. in, . . .	256	the Vaginal Secretions of One	
Physician and Oculist, Relation of,		Hundred, . . .	313
Peter Cooper, M.D., . . .	9	Premature Discharge of Meconium,	
The Ideal. William H. Bigler,		Premontory Symptoms of Pulmo-	
M.D., . . .	364	nary Tuberculosis, . . .	402
Pilocarpine in Croup and Croupous		Preparations, Iodine and its, . .	123
Conditions, . . .	394	Preparation of Catgut, . . .	597
Placenta, Treatment of Post-Partum		Prepuce in Diabetics, Gangrenous	
Hæmorrhage and Retained, . .	812	Ulcer of the, . . .	809
Tubercular Infection Through		Presentations, Injuries of the Skull	
the, Roland T. White, M.D., . .	774	in Breach, . . .	186
Platina and Aurum in Neurasthenia,	254	Preservation of Catgut, . . .	57
Pleurisy, Tuberculous, . . .	535	Prevention of Scarlatinal Nephritis,	
Pleximeter, . . .	465	Preventive Medicine. De Witt G.	
Plumbum in Constipation, . . .	408	Wilcox, M.D., . . .	257
in Intestinal Occlusion, . . .	190	Priapism and Satyriasis, Treatment	
in Writers' Paralysis, . . .	480	of, . . .	408
Pneumonia, Arnica in Senile, . .	191	Price, Eldridge C., M.D. Study of	
in Childhood, Treatment of, . .	743	Isolated Symptoms of Gelsemium	
in Gouty Subjects, . . .	175	Sempervirens, . . .	491
of Influenza, . . .	388	Primary and Secondary Action of	
Treatment of, . . .	406	Drugs. An Inquiry. M. W.	
Ulceration of the Cornea During,	306	Van Denburg, M.D., . . .	728
Poisoning by Oxalic Acid, . . .	800	and Secondary Symptoms and	
Case of Aniline, . . .	531	their Relation to Dose. Edwin	
Case of Capsicum, . . .	480	M. Hale, M.D., . . .	753
Vanilla, . . .	303	Homœopathic Materia Medica.	
Poke Berries on Birds, Notes on the		William A. Seibert, M.D., . .	321
Effect of, W. E. Rotzell, M.D., . .	790	Sarcoma of the Lungs, . . .	303
Polypus, Thuja in Uterine, . . .	544	Primipara Thirty-Nine Years of Age,	
Popliteal Artery, and Consequent		Case of Labor in a. Frank H.	
Gangrene, Rupture of the, . . .	251	Pritchard, M.D., . . .	233
Possibility of Overcoming Permanent		Pritchard, Frank H., M.D. Case of	
Stricture of the Deep Urethra		Rheumatism Preceded by	
Without Resort to External Ure-		an Attack of Tonsillitis, . .	39
throtomy, . . .	595	Case of Labor in a Primipara	
Possibilities of Thyroid Therapy, .	532	Thirty-Nine Years of	
Potash Salts, General Characteristics		Age, . . .	233
of the, . . .	751	Extraction of Teeth Without	
Practical Application of the Princi-		Pain, . . .	573
ples of Sterilization, . . .	600	Study of the Pathogenetic	
Experience in Diphtheria. C.		Action of Kali Bichromi-	
Neidhard, M.D., . . .	442	cum Upon the Kidneys, . . .	355
Value of Walcher's Hanging Posi-		Prodromic Neurasthenic Period of	
tion in Obstetrical Opera-		General Paralysis, . . .	113
tions, . . .	186	Prognosis of the Various Forms of	
Practitioner, Ophthalmic Sugges-		Chronic Myocarditis, Evolution and,	180
tions for the General, . . .	748	Prolapse and Strangulation of the In-	
Preliminary Tracheotomy in Opera-		testine, Case of Perforation of the	
tions in the Mouth and Pharynx, .	250	Puerperal Uterus by the Curette,	
Pregnancy and their Homœopathic		with, . . .	811
Treatment, Gastric Disorders		Prolapsus, Hysterectomy for, . .	599
of. William G. Dietz, M.D., . .	13	Uteri, Motor and Tropic Dis-	
Extra-Uterine, . . .	118	turbance in Relation to, . . .	312
Following a Partial Supra-Pubic		New Operation for, . . .	185
Hysterectomy Complicated by		Prophylactic Medication, . . .	190
Hæmorrhage through the Ab-		Prostate, Excision of the, . . .	395
dominal Cæcix, . . .	401	The Pathology of Enlargement	
Jaborandi in Vomiting of, . . .	192	of the, . . .	810

	PAGE		PAGE
Prostatic Affections, Treatment of, . . .	318	Recurrent Appendicitis Treated by	
Prosopalgia, Importance of Care-		Operation in the Quiescent	
fully Examining the Eye in Severe		Period,	537
and Persistent Cases of, J. K.		Tonsillitis,	605
Perrine, M.D., Pittsburgh, Pa., . . .	291	Red Light, Treatment of Small-Pox	
Proving of Nux Moschata,	479	by,	807
of Thyroid Extract, Chemical, . . .	752	Reflex Ocular Neuroses,	477
Pseudo-Aortic Insufficiency,	179	Refraction nor Insufficiency of the	
Membranous Enteritis,	179	Ocular Muscles, Asthenopia not	
Cachectic Variety of,	809	Dependent Upon Errors of,	122
Laryngitis; Its Mechanical		Re-Infection, Syphilitic,	592
and Medicinal Treatment.		Relation of Aortic and Arterial Af-	
J. W. Means, M.D.,	511	fections to Pulmonary Tuber-	
Rheumatic Conditions Due to		culosis,	227
Neuritis, Articular and Mus-		of Mammary Adenoma to Carci-	
cular,	182	noma,	476
Psoriasis, Treatment of,	291	of Physician and Oculist. Peter	
Sulphur in,	543	Cooper, M.D.,	9
Psora in the Treatment of Disease		Relations Between Diseases of the	
in Children, Hahemann's Doc-		Genital Organs of Women and the	
trine of, William Boericke, M.D., .	500	Diseases of the Stomach,	539
Psorinum,	684	Relaxation of the Pelvic Floor.	
in Syphilis. Edward M. Gramm,		With Eleven Illustrations. James	
M.D.,	35	C. Wood, M.D.,	339
Pubis, Bilateral Inguinal Buboës		Remedies, Clinical Hints on New, .	63
from Pediculosis,	668	Compared, Some Heart. Edward	
Puerperal Convulsions, W. Hoyt,		Cranch, M.D.,	799
M.D.,	444	Hypodermically, Homœopathic,	
Eclampsia, Treatment,	60	Not Ordinarily Prescribed in	
Hemiplegia,	594	Epistaxis, Some,	126
Osteomalacia, Origin of,	312	Surgical,	405
Uterus by the Curette, with Pro-		Renal Albuminuria,	744
lapse and Strangulation of the		Calculus, New Method of Exam-	
Intestine, Case of Perforation		ining for,	595
of the,	811	Colic, Case of,	126
Woman, Ideal Napkin for the, . . .	538	Treatment of,	124
Pulmonary Affections, Sepia in, . .	670	Reproven, Vinca Minor,	541
Anthracosis,	115	Resisting Powers of Childhood, .	742
Congestion, Veratrum Viride in		Respiration, Fracture of the Clavicle	
Acute,	62	as a Contraindication for the Em-	
Syphilis, Tuberculosis and,	388	ployment of Schultze's Method of	
Tuberculosis, New Treatment for,	249	Artificial,	399
Relation of Aortic and Ar-		Respiratory Symptoms in Calcarea	
terial Affections to,	227	Carb.,	64
Pulsatilla for Suppressed Vaginal		Restrict Meat in Epilepsy,	249
Discharge,	607	Retroflexion, New Operation for Ac-	
Pulse, with Epileptiform Attacks of		quired Retroversion and,	252
Fainting, Case of Permanent Slow,		Retroflexed Gravid Uterus, Treat-	
Purgative, Hypodermic,	354	ment of Incarcerated,	312
Pyelitis, Treatment of Hydrone-		Retroversion and Retroflexion, New	
phrosis and,	189	Operation for Acquired,	252
Pylorus, Diagnosis of Tumors of the,	651	Rheumatic Affections of the Eye.	
Pyrexia in Surgical Cases,	118	W. H. Bigler, M.D.,	685
		Origin, Eruptions of,	305
Radical Cure of Hernia. J. Kent		Perityphilitis and Its Treat-	
Sanders, M.D.,	438	ment,	664
Radius, Treatment of Typical Frac-		Skin Eruptions,	300
ture of the,	597	Sore Throat, Acute,	299
Ravold, H. J., M.D. Compulsory		Rheumatism, Comparison of Rhodo-	
Cremation,	352	dendron, Colchium, Cimici-	
Reading, L. Willard, M.D., Treat-		fuga and Pulsatilla in,	403
ment of Uterine Fibroids,	645	Gonorrhœal,	301
Recollections of an Accoucheur. Geo.		of the Crico-Arytenoid Joint, . .	61
B. Peck, M.D.,	265	Preceded by an Attack of Ton-	
Rectal Alimentation,	531	sillitis, Case of. F. H. Pritch-	
Examination as a Substitute for		ard, M.D.,	39
the Vaginal in the Manage-		Rhus Tox. in,	607
ment of Labor,	400	Rheumatoid Pharyngitis,	61
Recurrence of Carcinoma of the		Rhus Toxicodendron in Influenza, .	543
Breast. Walter Strong, M.D., . . .	713	in Rheumatism,	607

	PAGE		PAGE
Riders, Diseases of Bicycle,	305	Simplicity in the Treatment of Nasal Obstructions,	314
Right-sided Hydrothorax in Heart Disease,	808	Singultus, Grave Varieties of,	595
Ringworm, Treatment of,	248	Skin Affections, Intestinal Affections and,	594
Robinson, Nathaniel, M.D. Vaginal Hysterectomy for Cancer of the Cervix Uteri,	632	Anomalous Forms of Vegetable Parasitic Diseases of the, Illustrated, Philip E. Arcularius, A.M., M.D.,	624
Rottzell, W. E. M.D. Notes on the Effect of Poke Berries on Birds,	790	Diseases, Parasitic Fungi of, H. W. Westover, M.D.,	557
Rupture of the Popliteal Artery, and Consequent Gangrene,	251	Eruptions, Rheumatic,	300
of the Uterus, Treatment of,	185	Skull in Breech Presentations, Injuries of the,	186
Salicylic Injections for Inoperable Carcinoma,	599	Slowly Developing Diabetes,	181
Saline Solution, Illustrated, Intracirculatory Injection of, H. L. Northrop, M.D.,	722	Small-Pox by Red Light, Treatment of,	807
Salmon-Colored Ear Cotton,	540	Smith, C. M., M.D. Suppurative Hepatitis,	566
Salol in Diarrhea,	465	Snader, Edward R., M.D. Some Considerations Concerning the Heart in Relation to its Own and Other Maladies, A Plea for the Proper Estimation of the Cardiac Apparatus as a Symptom and State-Producing Factor,	425
Salts of Potassium and Sodium in the Circulatory System,	606	Snake Bite by Hypodermic Injections of Strychnine, Treatment of,	808
Sanders, J. Kent, M.D. Radical Cure of Hernia,	438	Snuff in Obstinate Hiccough,	475
Sarcoma of the Lungs, Primary,	303	Snuffles, Thomas M. Stewart, M.D.,	350
of the Ovaries,	812	Some Considerations Concerning the Heart in Relation to its Own and Other Maladies, A Plea for the Proper Estimation of the Cardiac Apparatus as a Symptom and State-Producing Factor, Edward R. Snader, M.D.,	425
Satyriasis, Treatment of Priapism and,	408	Concerning the Therapeutic Uses of Water, C. R. Norton, M.D.,	770
Scabies and its Treatment, Edward M. Gramm, M.D.,	688	Considerations on the Treatment of Purulent Inflammation of the Middle Ear, R. S. Copeland, M.D.,	570
Scarlatina, Case of Malignant,	302	Heart Remedies Compared, Edward Cranch, M.D.,	799
Scarlatinal Nephritis, Prevention of,	525	Hints on the Treatment of Grippe,	255
Scarlet Rash after Enemata,	594	Pathological Conditions of the Ovaries Causing Sterility (with eight photo-micrographs), Theodore J. Gramm, M.D.,	83
Schwenk, C. S., M.D. Some Thoughts on Materia Medica,	777	Points in the Histology of Trachoma,	540
Sciatica, Causticum in,	671	Remedies not Ordinarily Prescribed in Epistaxis,	126
Sclerosis Due to Measles, False Disseminated,	473	Thoughts on Materia Medica, C. S. Schwenk, M.D.,	777
Scopolamine,	316	Sources of Arsenicum Album Symptoms, M. W. Van Denburg, A.M., M.D.,	148
on the Eye, Action of,	122	Soziodol in Aural and Nasal Affections,	539
on the Eye, Action of Hydrochlorate of,	604	Spanish Homœopaths, Treatment of Influenza by,	672
Scrofulous Leucorrhœa, Treatment of,	814	Spasmi, Passiflora in Femoral,	256
Searle, W. S., A.M., M.D. Further Cases of Bright's Disease, with Remarks upon the Same,	65	Spencer, William, M.D. Treatment of Granulated Lids by Massage with Boracic Acid,	698
Lithæmia: Its Relation to Bright's Disease and its Treatment,	327	Spigelia in Affections of the Heart,	608
Seibert, Wm. A., M.D. Primary Homœopathic Materia Medica,	321		
Senile Pneumonia, Arnica in,	191		
Senn-Nicholas Operative Treatment of Myofibroma Uteri,	746		
Sepia, Characteristics of,	749		
in Pulmonary Affections,	670		
Septicæmia and its Treatment with Oxygen,	120		
Shock, Surgical,	307		
Shoulder-Joint—Clinical Arthroto-my in Old Dislocations of the, W. E. Green, M.D.,	362		
Sickness, Bryonia in Morning,	320		
Significance of Albuminuria, Wm. W. Van Baun, M.D.,	44		
Simple Method of Treating the Wound after Excising Hæmorrhoids,	183		

	PAGE		PAGE
Spigelia in Eye Affections,	608	Suggestion Upon the Preparation of the Fingers and Nails for Surgical Operations,	596
in Headaches,	607	Sulphate of Copper in Syphilis,	320
in Heart Disease,	13	Sulphur as an Antipsoric,	544
Spina Bifida with Transplanted Bone. Covering the Osseous Defect in,	250	in Psoriasis,	543
Spinal Cord, Syphilis and the,	114	in Surgery,	397
Irritation,	317	in Tuberculous Peritonitis,	816
Staphisagria in Dental Caries and Odontalgia,	62	Suppurative Hepatitis. C. M. Smith, M.D.,	566
State Medical Licensure, The Result of Two Years of Trial in the State of New York. H. M. Paine, M.D.,	228	Suppuration of the Middle Ear, Treatment of Chronic,	121
Sterilization, Practical Application of the Principles of,	600	Supraclavicular Lymphatic Gland, Carcinoma of the Stomach with a Colossal Enlargement of a Left,	388
Stellaria Media,	192	Surgeons, Eczema of,	599
Sterility (with eight photo-micrographs), Some Pathological Conditions of the Ovaries Causing, Theodore J. Gramm, M.D.,	83	Surgery, Drainage in Abdominal, Laughing Gas as an Anæsthetic in General,	116
Stewart, Thomas M., M.D. Snuffles,	350	Sulphur in,	397
Still, Horace, M.D. Diphtheria,	164	Surgical Cases, Pyrexia in,	118
Stomach, Chlorate of Potash in Carcinoma of the,	307	Meaning of Dust,	185
Dilatation of the,	391	Operation, Suggestion upon the Preparation of the Fingers and Nails for,	596
Diseased? Is the Heart or,	664	Remedies,	405
Early Diagnosis of Cancer of the, in Incoercible Hiccough. Irrigation of the,	665	Shock,	307
Relations Between Diseases of the Genital Organs of Women and Diseases of the,	389	Treatment of Osteomalacia,	399
Stomatitis, Case of Gangrenous—Illustrated. Landreth W. Thompson, M.D.,	539	Sweats, Hydrastis Canadensis in Night,	318
Stone in the Left Nostril, Delirium Caused by a Small,	748	Symphiseotomy,	252
Strangulation of Meckel's Diverticulum,	597	from an Anatomical Standpoint,	59
Stricture of the Intestine, Tuberculous,	251	Indications of,	309
of the Deep Urethra Without Resort to External Urethrotomy, Possibility of Overcoming Permanent,	595	Limits and Indications,	119
of the Urethra Treated by Water Pressure,	183	Symptoms and their Relation to Dose, Primary and Secondary. Edwin M. Hale, M.D.,	753
Strictures, Liniary Electrolysis in Urethral,	665	in Calcareo Carb., Respiratory,	64
Strong, Walter, M.D. Recurrence of Carcinoma of the Breast,	713	Induced by Antipyrin, Toxic,	593
Strontium Carb.,	254	of Alveolar Hydatid Cysts of the Liver,	55
Strychnine as a Narcotic Antidote,	535	of Chelidonium Majus., Chest, of Cistus Canadensis, Throat and Chest,	750
Treatment of Snake Bite by Hypodermic Injections of,	808	of Gelsemium Sempervirens, Study of Isolated. Eldridge C. Price, M.D.,	192
Study of Isolated Symptoms of Gelsemium Sempervirens. Eldridge C. Price, M.D.,	491	of Movable Kidney,	491
of the Pathogenetic Action of Kali Bichromicum Upon the Kidneys. F. H. Pritchard, M.D., of Yaws (Framboesia),	355	Sources of Arsenicum Album. M.W. Van Denburg, A.M., M.D., the Basis of Homeopathic Prescribing. J. C. Guernsey, A.M., M.D.,	182
Subcutaneous Fractures, Complications During Union of,	302	A.M., M.D.,	78
Subjects, Pneumonia in Gouty,	668	Syphilis and the Spinal Cord,	114
Sublimate of Glycerine Locally in Diphtheria,	175	Calomel Soap in the Treatment of,	305
Successful Repair of a Case of Horrible Mutilation of the Face,	300	Disturbances of Vision in Cerebral,	113
Sudden Blindness in Diabetes in Youthful Subjects,	58	Psorinum in. Edward M. Gramm, M.D.,	35
		Sulphate of Copper in,	320
		Treatment of,	178
		Tuberculosis and Pulmonary,	388
		Syphilitic Neurasthenia,	108
		Re-Infection,	592
		System, Salts of Potassium and Sodium in the Circulatory,	606
		Talcott, Seldon H., A.M., M.D., Ph.D. Periodicity in Mental Pathology,	514

	PAGE		PAGE
Tartaricum, Antimonium, . . .	189	Thuya in Acillodynia and its Con-	124
Technique of Total Extirpation of		nection with Gonorrhœa, . . .	544
the Fibromatous Uterus, . . .	120	in Uterine Polypus, . . .	
Teeth and its Treatment, Hemor-		Thyroid Extract, Chemical Proving	752
rhage After Extraction of, . . .	598	of, . . .	390
as a Cause of Ear Disease, Den-		Feeding in Cretinism, . . .	532
tition with Diseases of the, . .	315	Therapy, Possibilities of, . . .	251
Few Thoughts Upon the, Aug-		Tibia, Dislocation of the, . . .	396
ustus Korndorfer, M.D., . . .	703	Toe-Nail, Treatment of Ingrowing, .	
Without Pain, Extraction of, F.		To Find the Upper End of a Severed	
R. Pritchard, M.D., . . .	573	Tendon, . . .	396
Temperature, Febrile Affections		Tonsillitis, Case of Rheumatism Pre-	
with Normal or Subnormal, . .	393	ceded by an Attack of, F. H.	
in Typhoid Fever, with Recov-		Pritchard, M.D., . . .	39
ery, Case of Low, Lewis W.		Recurrent, . . .	605
Flinn, A.M., M.D., . . .	241	Tonsillotomy, Hæmorrhage Follow-	
Pathological Significance of		ing, . . .	314
High, J. R. Phillips, M.D., . .	696	Tonsils, Calculi of the, . . .	168
Tendon, To Find the Upper End of		Tooker, N., M.D. Effects of Pro-	
a Severed, . . .	396	longed Lactation, . . .	169
Testicle, Treatment of Tuberculosis		Infantile Typhoid Fever, . . .	193
of the, . . .	408	Toothache, Differential Diagnosis of,	
Testing of Eyesight in Schools, Peri-		Treatment of, . . .	542
odical, . . .	477	Toxæmia of Pregnancy. A Review	
Tetanic Form of Tuberculous Men-		of its Causes, Diagnosis and Treat-	
ingitis in Adults, . . .	305	ment, with Reference to the Pre-	
The Ideal Physician, Wm. H. Big-		vention of Eclampsia. L. L. Dan-	
ler, M.D., . . .	364	forth, M.D., . . .	481
Nose and its Hygienic Relation		Toxic Symptoms Induced by Anti-	
to the Body, . . .	813	pyrin, . . .	593
"The Typhoid Spine," Neurosis Fol-		Toxines of Erysipelas and the Bacil-	
lowing Enteric Fever Known as, .	299	lus Prodigiosus, Treatment of In-	
Theodore J. Gramin, M.D. Some		operable Malignant Tumors with	
Pathological Conditions of the		the, . . .	536
Ovaries Causing Sterility, with		Tracheal Tugging in Aneurism of	
eight photo-micrographs, . . .	83	the Transverse Portion of the Aorta,	389
Therapeutic Observations From an		Tracheotomy in Operations in the	
Epidemic of Measles at Ant-		Mouth and Pharynx, Preliminary,	250
werp, . . .	815	Trachoma, Some Points in the His-	
Uses of Water, Some Considera-		tology of, . . .	540
tions Concerning the, C. R.		Treated by the Compressed Air-	
Norton, M.D., . . .	770	Bath, Deafness, . . .	122
Therapeutics, Address of the Chair-		by Water Pressure, Stricture of	
man of the Section of Materia		the Urethra, . . .	183
Medica and, Frank Kraft,		Treating Fractures, Landerer's	
M.D., . . .	504	Method of, . . .	811
(Bacillinum, Koch's Lymph and		the Wound After Excising Hæm-	
Ovian Tuberculosis), Various		orrhoids, Simple Method of, .	183
Tubercular Viruses and their		Treatment for Pulmonary Tubercu-	
Place in Homœopathic, Fran-		losis, New, . . .	249
cois Cartier, M.D., . . .	415	Gastric Disorders of Pregnancy	
Therapy, Possibilities of Thyroid, .	532	and their Homœopathic, Wil-	
Thomas, C. H., M.D. Cholera In-		liam G. Dietz, M.D., . . .	13
fantum, . . .	509	Lithæmia: Its Relation to	
C. M., M.D. Vertigo in Connec-		Bright's Disease and its, W.	
tion with Ocular and Aural		S. Searle, A.M., M.D., . . .	327
Disease, . . .	95	Morning Diarrhœa and its, . . .	665
Thompson, Landreth W., M.D. Case		Nervousness and its, . . .	128
of Gangrenous Stomatitis. Illus-		Nose-Bleed and its, . . .	478
trated, . . .	102	of Acute Nephritis, . . .	126
Threatening, Abortion, Millium Pen-		of Ascites Due to Peritonitis by	
dulum in, . . .	816	Abdominal Section, William	
Throat, Acute Rheumatic Sore, . .	299	O. McDonald, M.D., . . .	763
and Chest Symptoms of Cistus		of Chronic Suppuration of the	
Canadensis, . . .	192	Middle Ear, . . .	121
Importance of an Early Diag-		of Chorea by Arsenic, Multiple	
nosis of Malignant Tumors of		Neuritis Developing During, .	807
the, . . .	813	of Cystitis, . . .	187, 393
Kali Bichromicum in Ulcera-		of Depressions in the Skull of	
tions of the, . . .	798	the New-Born, . . .	395

	PAGE		PAGE
Treatment of Diarrhœa in Children,	670	Treatment with Oxygen, Septicæmia	
of Diphtheria,	123	and its,	120
of Disease, Hot Bath in,	390	Trendelenburg Position in Gynæco-	
of Dropsy,	188	logical Operations,	119
of Epilepsy,	407	Trephining for Headache,	536
of Functional Nervous Diseases		Trigeminal Neuralgia, Atropine in,	191
with Persistent Albuminuria		Tropacocaine,	113
and Glycosuria,	743	Trophic Disturbance in Relation to	
of Gastralgia,	128	Prolapsus Uteri, Motor and,	312
of Gonorrhœa, Abortive,	667	Tubal Pregnancy, Tubal Abortion,	
of Gonorrhœal Infection of Wo-		Abdominal Section, Recovery, A	
men,	311	Case of, Theodore J. Graum,	
of Granular Lids by Massage		M.D.,	792
with Boracic Acid, William		Tubercular Infection Through the	
Spencer, M.D.,	698	Placenta, Roland T. White,	
of Grippe, Some Hints on the,	255	M.D.,	771
of Hydrocele,	250	Meningitis, Chas. M. Gale, M.D.,	578
of Hydrocele, New,	251	Peritonitis, Grofford's Experi-	
of Hydronephrosis and Pyelitis,	189	ence with,	538
of Incarcerated Retroflexed Gra-		Tuberculosis and Pulmonary Syph-	
vid Uterus,	312	ilis,	388
of Influenza by Spanish Homœo-		A Premonitory Symptom of Pul-	
paths,	672	monary,	402
of Ingrowing Toe-Nail,	396	New Treatment for Pulmonary,	249
of Inoperable Malignant Tumors		of the Testicle, Treatment of,	408
with the Toxines of Erysipe-		Relation of the Aortic and Arte-	
las and the Bacillus Prodigio-		rial Affections to Pulmonary,	227
sus,	536	Tuberculous Meningitis in Adults,	
of Large Myomas of the Uterus,	313	Tetanic Form of,	305
of Leucorrhœa,	814	Peritonitis Cured by Application	
of Nasal Obstructions,	168	of Collodion to the Abdomen,	250
of "Nerve Waste" as Indicated		Peritonitis, Sulphur in,	816
by the Urine, Clifford Mit-		Pleurisy,	535
chell, M.D.,	673	Stricture of the Intestine,	251
of Nervous Dyspepsia,	671	Tubes and Fimbriae, Accessory,	603
of Neurasthenia,	251	Tumor; A Contribution to Cerebral	
of Paronychia,	406	Surgery, Illustrated. Two Cases	
of Pneumonia,	406	of Brain, Clarence Bartlett, M.D.,	
of Pneumonia in Childhood,	743	W. B. Van Lennep, A.M., M.D.,	218
of Posterior Displacement of the		Tumors, Labor Complicated by Ova-	
Uterus,	118	rian,	747
of Post-Partum Hæmorrhage		of the Pylorus, Diagnosis of,	651
and Retained Placenta,	812	of the Throat, Importance of an	
of Priapism and Satyriasis,	408	Early Diagnosis of Malignant,	813
of Prostatic Affections,	318	of the Uterus, Electrical Treat-	
of Psoriasis,	291	ment of Fibroid,	401
of Renal Colic,	124	with the Toxines of Erysipelas	
of Ringworm,	248	and the Bacillus Prodigiosus,	
of Rupture of the Uterus,	185	Treatment of Inoperable Mal-	
of Scrofulous Leucorrhœa,	814	ignant,	536
of Small-Pox by Red Light,	807	Twenty-three Cases of Cataract. L.	
of Snake Bite by Hypodermic		W. Jordan, M.D.,	577
Injections of Strychnine,	808	Two Cases of Brain Tumor; A Con-	
of Syphilis,	178	tribution to Cerebral Surgery,	
of Syphilis, Calomel Soap in the,	305	Illustrated. Clarence Bartlett,	
of the Grippe,	188	M.D., W. B. Van Lennep, A.M.,	
of Toothache,	542	M.D.,	218
of Tubercular Peritonitis by In-		of Hysterical Deafness,	605
sufflation of Air,	476	Typhoid Fever, Cancrum Oris in,	534
of Tuberculosis of the Testicle,	408	Diagnosis of,	391
of Typical Fracture of the Ra-		Infantile, N. Tooker, M.D.,	193
dius,	597	Intestinal Hemorrhage in,	54
of Ulcers and Abscess of the Cor-		New Sign of,	113
nea, Iridectomy in the,	605	with Recovery, Case of Low	
of Uterine Fibroids. L. Willard		Temperature in, Lewis W.	
Reading, M.D.,	645	Flinn, A.M., M.D.,	241
Puerperal Eclampsia,	60	Typhlitis, Bryonia in,	543
Rheumatic Perityphlitis and its,	664	Ulcers, Diagnosis of Gastric,	179
Scabies and its, Edward M.			
Gramm, M.D.,	688		

	PAGE		PAGE
Ulcers, Elastic Sponge Compression		Vaginal Hysterectomy. J. H. Mc-	
in Varicose.	117	Clelland, M.D.,	151
Lactic Acid in Corneal.	605	Hysterectomy. Sidney F. Wil-	
Ulceration of the Cornea During		cox, M.D.,	200
Pneumonia,	306	Hysterectomy for Cancer of the	
Ulcerations of the Throat, Kali Bi-		Cervix Uteri; Recovery. Na-	
chromicum in,	798	thaniel Robinson, M.D.,	632
Uremia, Mental Disturbances of,	651	in the Management of Labor,	
Ureters Under Direct Inspection,		Rectal Examination as a Sub-	
Examination of the Female Blad-		stitute for the,	400
der and the Catheterization of the,	183	Secretions of One Hundred Preg-	
Urethra, Death from Injection of		nant Women, Examination of	
Cocaine into the,	746	the,	313
Treated by Water Pressure,		Vaginitis, Petroleum as a Local Ap-	
Stricture of the,	183	plication for Cancer and,	185
Urethral Strictures, Liniary Elec-		Valerianate of Zinc in Obstinate Hic-	
trolysis in,	665	cough,	541
Urethrotomy, Possibility of Over-		Value of Castration for Osteomala-	
coming Permanent Stricture of the		cia,	602
Deep Urethra Without Resort to		of Sprays in the Treatment of	
External,	595	Catarrhal Affections of the Up-	
Urinary Analysis. George C. Web-		per Air Passages,	315
ster, Ph.D., M.D.,	276	Van Baun, William W., M.D. Heart	
Urine, Treatment of "Nerve Waste"		Disease in Children,	518
as Indicated by the. Clifford		Significance of Albuminuria,	44
Mitchell, M.D.,	673	Van Denburg, M. W., A.M., M.D.	
Urticaria, Iodide of Potash in		Dr. Hughes on Arsenicum	
Chronic,	534	Pathogenesis,	552
Uteri, Early Treatment of Carcino-		Primary and Secondary Action	
mata,	310	of Drugs; An Inquiry,	728
Senn-Nicholas Operative Treat-		Sources of Arsenicum Album	
ment of Myofibroma,	746	Symptoms,	148
Uterine Cancer, Improvement of		Vanilla Poisoning,	303
Permanent Results in Hyster-		Vanishing Factors in Epileptic Eti-	
ectomy for,	747	ology. Weston D. Bayley, M.D.,	710
Contractions in Labor, Anoma-		Van Lennep, W.B., A.M., M.D., Clar-	
lous Location of the Intermit-		ence Bartlett, M.D. Two Cases of	
tent Pain Accompanying the.		Brain Tumor; A Contribution to	
William A. Haman, M.D.,	448	Cerebral Surgery. Illustrated,	218
Displacements, Alexander's Op-		Varicose Veins, Elastic Sponge Com-	
eration for,	310	pression in,	117
Fibroids, The Life and Death of,	60	Various Forms of Inflammation of	
Fibroids, Treatment of. L. Wil-		the Cæcum and Its Appendix,	808
lard Reading, M.D.,	645	Tuberculosis Virus and Their	
Polypus, Thuja in,	544	Place in Homœopathic Thera-	
Uterus, Diagnosis of Cancer of the		peutics (Bacillinum, Koch's	
Body of the,	603	Lymph and Avian Tubercu-	
Electrical Treatment of Fibroid		losis). Francois Cartier, M.D.,	415
Tumors of the,	401	Vaso-Motors and Some of Their Dis-	
Examination of Female Bladder		eases. Weston D. Bayley, M.D.,	99
and Catheterization of,	538	Vaso-Motor Ataxia,	393
New Treatment for Inoperable		Vasa Uterina for the Treatment of	
Cancer of the,	186	Uterine Myomas and Uterine	
Technique of Total Extirpation		Hæmorrhages, Ligation of the,	310
of the Fibromatous,	120	Venom of Naja Haje,	404
Treatment of Incarcerated Ret-		Venous Thrombosis in the Lower	
roflexed Gravid,	312	Extremities After Laparotomy in	
Treatment of Large Myomas of		Trendelenburg's Position with	
the,	313	Ether Narcosis,	400
Treatment of Posterior Displace-		Veratrum Album in Coprophagia,	128
ment of the,	118	Viride in Acute Pulmonary Con-	
Treatment of Rupture of the,	185	gestion,	62
Vagina and Uterus, Complicated by		Vertigo in Connection with Ocular	
Eclampsia, Obstetrical Case with		and Aural Disease. C. M. Thomas,	
Double. Edward W. Mercer, M.D.,	707	M.D.,	95
Vaginal Discharge, Pulsatilla for		Viburnum Opulus in Dysmenorrhœa,	749
Suppressed,	607	Vinea Minor Reproven,	541
Hysterectomy. C. E. Grove,		Viola Odorata, Lemna Minor, Arbor-	
M.D.,	787	vital Medicine. Robert T. Co-	
		oper, M.A., M.D.,	154

	PAGE		PAGE
Visceral Approximation, Absorbable Plates in,	666	White, Roland T., M.D. Tubercular Infection Through the Placenta, . .	774
Vision in Cerebral Syphilis, Disturbances of,	113	Wilcox, De Witt G., M.D. Preventive Medicine,	257
Vomiting of Pregnancy, Jaborandi in,	192	Sidney F., M.D. Further Report of Six Operations for Movable Kidney, and also a Case of Exploratory Puncture of the Kidney,	678
Vulvitis Pruriginosa, Ætiology and Operative Treatment of (Pruritus Vulvæ),	311	Sidney F., M.D. Vaginal Hysterectomy,	200
Walcher's Hanging Position in Obstetrical Operations, Practical Value of,	186	Women, Administration of Chloroform to,	602
Water Pressure, Stricture of the Urethra Treated by,	183	Cystitis in,	252
Some Considerations Concerning the Therapeutic Uses of. C. R. Norton, M.D.,	770	Wood, James C., M.D. Relaxation of the Pelvic Floor. With Eleven Illustrations,	339
Webster, George C., Ph.D., M.D. Urinary Analysis,	271	Wound After Excising Hemorrhoids, Simple Method of Treating the,	183
Westover, H. W., M.D. Parasitic Fungi of Skin Diseases,	557	Ledum in Punctured,	544
What the Homœopath Should Know of Drugs. Jabez P. Dake, A.M. M.D.,	409	Yaws, Study of (Trambeesia),	302
		Youngman, M. D., M.D. An Opinion of "How Materia Medica Should be Taught,"	271

CONTRIBUTORS TO VOLUME XXIX.

- Philip E. Arcularius, M.D., New York, N. Y.
 Clarence Bartlett, M.D., Philadelphia, Pa.
 Weston D. Bayley, M.D., Philadelphia, Pa.
 William H. Bigler, M.D., Philadelphia, Pa.
 Wm. Boettcke, M.D., San Francisco, Cal.
 D. Dyce Brown, M.D., London, England.
 H. Ballou Bryson, M.D., Pittsburgh, Pa.
 François Cartier, M.D., Paris, France.
 Peter Cooper, M.D., Wilmington, Del.
 Robert T. Cooper, M.D., London, England.
 R. S. Copeland, M.D., Bay City, Mich.
 A. C. Cowperthwaite, M.D., Chicago, Ill.
 Edward Cranch, M.D., Erie, Pa.
 Jabez P. Dake, M.D., Nashville, Tenn.
 L. L. Danforth, M.D., New York, N. Y.
 Martin Deschere, M.D., New York, N. Y.
 William G. Dietz, M.D., Hazleton, Pa.
 Pemberton Dudley, M.D., Philadelphia, Pa.
 R. H. Edmondson, M.D., Gallup, N. M.
 John L. Ferson, M.D., Pittsburgh, Pa.
 Lewis W. Flinn, M.D., Wilmington, Del.
 Eduardo Fornias, M.D., Philadelphia, Pa.
 Charles M. Gale, M.D., Rutland, Vt.
 H. B. Garrigues, M.D., Mallison, Ohio.
 Edward M. Gramm, M.D., Philadelphia, Pa.
 Theodore J. Gramm, M.D., Philadelphia, Pa.
 W. E. Green, M.D., Little Rock, Ark.
 C. E. Grove, M.D., Spokane, Wash.
 Egbert Guernsey, M.D., New York, N. Y.
 Joseph C. Guernsey, M.D., Philadelphia, Pa.
 Edwin M. Hale, M.D., Chicago, Ill.
 William A. Haman, M.D., Reading, Pa.
 Emily L. Hill, M.D., Rochester, N. Y.
 W. Hoyt, M.D., Hillsboro, Ohio.
 Richard Hughes, M.D., Brighton, England.
 W. K. Ingersoll, M.D., Philadelphia, Pa.
 L. W. Jordan, M.D., Indianapolis, Ind.
 Chandra Sekhar Kali, L.M.S., Calcutta, India.
 William R. King, M.D., Washington, D. C.
 Aug. Kornderfer, M.D., Philadelphia, Pa.
 Frank Kraft, M.D., Cleveland, Ohio.
 Charles S. Mack, M.D., Ann Arbor, Mich.
 W. J. Martin, M.D., Pittsburgh, Pa.
 Edward M. Mercer, M.D., Philadelphia, Pa.
 J. H. McClelland, M.D., Pittsburgh, Pa.
 William O. McDonald, M.D., New York, N. Y.
 F. P. McKinstry, M.D., Washington, N. J.
 J. W. Means, M.D., Troy, Ohio.
 Clifford Mitchell, M.D., Chicago, Ill.
 C. Neidhard, M.D., Philadelphia, Pa.
 H. L. Northrop, M.D., Philadelphia, Pa.
 C. R. Norton, M.D., Philadelphia, Pa.
 H. M. Paine, M.D., Albany, N. Y.
 George B. Peck, M.D., Providence, R. I.
 J. K. M. Perrine, M.D., Pittsburgh, Pa.
 J. R. Phillips, M.D., Erie, Pa.
 Eldridge C. Price, M.D., Baltimore, Md.
 Frank H. Pritchard, M.D., Weaver's Corners, Huron County, Ohio.
 L. Willard Reading, M.D., Philadelphia, Pa.
 H. J. Ravold, M.D., St. Joseph, Mo.
 Nathaniel Robinson, M.D., Brooklyn, N. Y.
 W. E. Rotzell, M.D., Narberth, Pa.
 J. Kent Sanders, M.D., Cleveland, Ohio.
 W. S. Searle, M.D., Brooklyn, N. Y.
 William A. Seibert, M.D., Easton, Pa.
 C. M. Smith, M.D., Brooklyn, N. Y.
 C. S. Schwenk, M.D., Philadelphia, Pa.
 Edward R. Snader, M.D., Philadelphia, Pa.
 William Spencer, M.D., Philadelphia, Pa.
 W. G. Steele, M.D., Philadelphia, Pa.
 Thomas M. Stewart, M.D., Cincinnati, Ohio.
 Horace Still, M.D., Norristown, Pa.
 D. A. Strickler, M.D., St. Paul, Minn.
 Walter Strong, M.D., Philadelphia, Pa.
 Selden H. Talcot, M.D., Middletown, N. Y.
 A. R. Thomas, M.D., Philadelphia, Pa.
 C. H. Thomas, M.D., Cambridge, Mass.
 Charles M. Thomas, M.D., Philadelphia, Pa.
 Landreth W. Thompson, M.D., Philadelphia, Pa.
 N. Tooker, M.D., Chicago, Ill.
 R. K. Valentine, M.D., Brooklyn, N. Y.
 William W. Van Baun, M.D., Philadelphia, Pa.
 M. W. Van Denburg, M.D., Fort Edward, N. Y.
 William B. Van Lennep, M.D., Philadelphia, Pa.
 J. Lewis Van Tine, M.D., Philadelphia, Pa.
 H. W. Westover, M.D., St. Joseph, Mo.
 George C. Webster, M.D., Chester, Pa.
 Roland T. White, M.D., Allegheny City, Pa.
 De Witt G. Wilcox, M.D., Buffalo, N. Y.
 Sidney F. Wilcox, M.D., New York, N. Y.
 James C. Wood, M.D., Cleveland, Ohio.
 M. D. Youngman, M.D., Atlantic City, N. J.

CORRESPONDENTS.

- Roberson Day, London, England.
 E. C. Williams, M.D., Chicago, Ill.
 J. R. Horner, M.D., Allegheny, Pa.
 C. G. Fellows, M.D., Chicago, Ill.
 F. C. Drane, M.D., Baltimore, Md.
 Harold B. Wilson, M.D., Detroit, Mich.
 George B. Peck, M.D., Providence, R. I.
 Chas. H. Thomas, M.D., Cambridge, Mass.
 Gay Coulter, M.D., Columbus, Ohio.
 A. W. Bailey, M.D., Atlantic City, N. J.
 T. T. Church, M.D., Salem, Ohio.
 H. Willis, Jr., M.D., Brooklyn, N. Y.
 William R. King, M.D., Washington, D. C.
 R. B. Carter, M.D., Akron, Ohio.

THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

JANUARY, 1894.

CONTENTS:

	PAGE
Essentials of Homœopathic Materia Medica—Dewey. System of Genito-Urinary Diseases, Syphilology, and Dermatology—Morrow.....	1
Minor Surgery and Bandaging—Wharton. Principles and Practice of Surgery—Ashurst. Science and Practice of Midwifery—Playfair. Text-book of Ophthalmology—Morris and Oliver.....	2
Physician's Visiting List—Blakiston. Pamphlets. Correction.....	3
Homœopathic Medical Society of the County of Philadelphia.....	4
Central Pennsylvania Homœopathic Association.....	8
Homœopathic Medical Society of the County of Kings (N. Y.).....	10
St. Louis Homœopathic Medical Society. Denver (Colo.) Homœopathic Club—Letter.....	11
Erie County Hospital, Buffalo, N. Y. Homœopathic Medical Society of the County of Kings (N. Y.).....	12
Homœopathic Medical Society of Delaware and the Peninsula. Massachusetts Surgical and Gynecological Society. New York State Homœopathic Hospital, Hahnemann Medical Association of Louisiana. Boston Homœopathic Society. Southern Journal of Homœopathy. Washington (D. C.) Homœopathic Medical Society.....	15
Chicago Homœopathic Medical College—Resolutions. Homœopathic Medical Society of 23d Ward, Philadelphia. Sanitarium Home, Aiken, S. C. Personal. Erratum.....	16

ESSENTIALS OF HOMŒOPATHIC MATERIA MEDICA: being a quiz compend upon the Principles of Homœopathy, Homœopathic Pharmacy and Homœopathic Materia Medica. Arranged and compiled especially for the use of students of medicine. By W. A. Dewey, M.D. New York City: Price \$1.50 net. Philadelphia: Boericke & Tafel, 1894. This work is in the line of the well known quiz compends. The author states that his aim in preparing this book has been to condense and give nothing but the essentials, nothing but the barest skeleton of the subject, nothing but facts and nothing but what every medical student should have at his tongue's end at his graduation. The questions and answers are calculated to impress the student's memory, and if he will use the book as a leader to something better, he will find it of value.

A SYSTEM OF GENITO-URINARY DISEASES, SYPHILOLOGY, AND DERMATOLOGY. By Various Authors. Edited by Prince A. Morrow, A.M., M.D. In three volumes. Vol. II., Syphilology. New York: D. Appleton & Co. 1893.

The general scope of this elaborate

work has been referred to in the review of the first volume. The editor, with the assistance of a competent corps of specialists, has endeavored to produce a complete, systematic, and practical treatise on syphilis and chaneroid. The relations of syphilis to public health, and the measures employed to control the social evil, receive due consideration.

The subjects of diagnosis and treatment are dwelt on more extensively than usual; a point that will be appreciated by the practitioner.

The illustrations are up to the standard of the first volume, and in several instances are unique, in that, the result is obtained by photographing the three primary colors, or by combining photography with lithography.

Among the contributors, may be mentioned such names as Allen, Bull, Bulkley, Councilman, Fordyce, Fuller, Hartley, Hyde, Morrow, Sachs, Sturgis, Tuttle, White, and others.

The second volume is certainly up to the standard of the first, both in the material and in the work of the publishers, and strengthens our conviction that the completed treatise will be indispensable to every progressive practitioner.

MINOR SURGERY AND BANDAGING. By Henry R. Wharton, M.D. In one 12mo. volume of 500 pages, with 416 engravings, many being photographs. Cloth, \$3.00. Philadelphia: Lea Brothers & Co. 1893.

This very excellent treatise has deservedly reached a second edition. The subject of bandaging is well illustrated by photographs by James F. Wood, who has done excellent work in medical photography.

As in the former edition, the work includes tracheotomy and intubation, subjects to which the author has given considerable attention; as well of ligation of arteries, and amputations. The definition of aseptic, as distinguished from antiseptic wound-treatment, savors of "any port in a storm." In the former, antiseptics are used to render *aseptic* the hands, dressings, instruments, ligatures, field of operation, etc., while the latter only differs in that the wound is irrigated! How easy it is for the enemies of antiseptics to scale the fence and get into the fold under the so-called aseptic cloak!

THE PRINCIPLES AND PRACTICE OF SURGERY. By John Ashurst, Jr., M.D. Philadelphia: Lea Brothers & Co.

This is the sixth edition of the one-volume hand-book by this well-known author, whose literary industry is universally recognized. All recent observations in surgical science, and such novelties in surgical practice as have seemed to the author to be really improvements have been incorporated in bringing the new edition up to date. He has also made such changes as have been suggested by his enlarged experience as a clinical teacher and hospital surgeon. The author has, at last acknowledged the value of the antiseptic treatment of wounds by the statement that he uses it in his practice, but he has so long been one of the laggards and *kickers* in the revolution of wound treatment, for which the surgical world owes so much to Lister, that he does so with a very bad grace, and with a sneering slur at the advocates of a method which he has at last been forced to accept. The work has more merit as the product of the pen of an industrious student and collator than as the expression of the experience of a practical and liberal-minded surgeon.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY. By W. S. Playfair, M.D., F.R.C.P., Professor of Obstetric Medicine in King's College, London; Examiner in Midwifery to the Universities of Cambridge and London, and to the Royal College of

Physicians. Sixth American from the eighth English edition. Edited, with additions, by Robert P. Harris, M.D. In one octavo volume of 697 pages, with 217 engravings and 5 plates. Cloth, \$4 00; leather, \$5.00. Philadelphia: Lea Brothers & Co., 1893. A work demanding eight English and six American editions has won an enviable place in medical literature and may rightly claim the title of standard. The author in his preface to the eighth English edition states the alteration found necessary in the revision, citing the great advance made in the treatment of the questions of extra-uterine pregnancy, Cæsarian section, symphyseotomy, and puerperal septicemia, etc., and he trusts that these alterations may make the present edition a satisfactory guide to the most recent advances in obstetric medicine. In addition to the great improvement in the last English addition—the American editor, Dr. Robert P. Harris has added many annotations increasing greatly the value of this edition. His comments and practical notes are found everywhere and Chapters VI. and VII. devoted to Cæsarean section, cœlia-elytrotomy and symphyseotomy are especially enriched. The work deserves and will undoubtedly receive the continued favor of practitioners and students.

AGAIN are we called upon to greet a new *Text-book of Ophthalmology*; this time by W.F. Morris, A.M., M.D., Professor of Ophthalmology in the University of Pennsylvania, and I. A. Oliver, A.M., M.D., one of the surgeons of the Wills' Eye Hospital, Philadelphia.

The first thing to impress us, besides the excellent paper, type and binding—excellencies which we have been taught to expect from Lea Bros. & Co.—is the wealth of illustrations gathered from many sources, all of them strikingly well reproduced, and many of them not usually found in our best books. The numerous sectional views are particularly adapted to illustrate the subject.

Although the work was intended, as says the preface, "to present such material as is necessary to convey a working knowledge of ophthalmology to students and practitioners," we doubt whether it will prove as serviceable to the former as to the latter. For the student during his college course the book is too rich in material, but as a work on ophthalmology to be studied when there is time for digestion and assimilation of its contents, there

is none that we could more heartily recommend.

In the short Chap. I., on Embryology the student has all that he needs and more than he wants.

In Chap. II. we have a clear description of the macroscopic and microscopic anatomy of the eye, followed in Chap. III. by its Physiology. At the close of this latter he quotes with approval from Porterfield the praises of "the Art of Design manifested in this small organ, the eye." This is a pleasing departure from the fashion set in some quarters of finding fault with the structure of the eye, implying that a good instrument maker of the present day could do better. The chapters on optics are exceedingly interesting and important, and, what is still better, easily comprehended. In the chapter following, on the Examination of the Eye, we are glad to see stress laid upon the necessity of *recording* all the results of the examination. The thoroughness of the routine pointed out shows that among oculists the author, at least, is not one to neglect general and remote symptoms in exclusive attention to the eyes, as is so frequently the fault committed by specialists.

The insistence in the chapter on Ophthalmoscopy of a thorough acquaintance with the variations in the fundus to be found within the limits of perfect normality, shows a practical acquaintance with the weak spot in students' character shown in running after the new and uncommon to the neglect of the old and usual. The chapter on the Fundus Reflex Test (Retinal Shadow Test), while clear as far as it goes is hardly explicit enough to make the student skilled in the use of the method described.

Chapters IX. and X. on Methods of Determination and Correction of Errors of Refraction and Accommodation, are eminently practical and complete. The author's warning against haphazard prescriptions, and his injunctions to individualize each case and, each eye even, are well-timed—we much prefer the use of the stenopæic slit to the author's method in estimating astigmatism, but regard it largely as a matter of habit.

In Part II. the senior author, Dr. Morris, treats in nineteen chapters in a lucid and graphic manner of the Injuries and Diseases of the Eye and some of the more common and important operations on the eye.

In the excellent chapter on Cataract the author is "of the opinion that many cases, when seen at their very commencement may be retarded in

their progress by improving the general nutrition of the patient, and by the moderate use of such salines as promote watery discharges from the bowels, and increase the secretion of urine." What may not we Homœopaths, with our closer individualization both of remedy and patient, hope to accomplish? It would lead too far to speak of all the points of excellence and we would only mention the chapter on Affections of the Optic Nerve, as being especially noteworthy. Finally with the advice in lachrymal affections never to go beyond No. 6 probe of Bowman's series, we are not in accord since to make relief permanent we have in the majority of cases been obliged to resort to No. 8.

As a whole the work is well worth a place on any physician's shelves, but we hope that with it the list of new works on the eye may be closed, for some time at least.

THE PHYSICIAN'S VISITING LIST OR 1894. P. Blakiston, Son & Co. This list has now entered the forty-third year of its publication, and is well known for the completeness of its arrangement. Being very compact, it is not a cumbersome list to carry in the pocket.

PAMPHLETS RECEIVED.

- CATALOGO GENERAL DE LA BOTICA Central Homœopática de José A. Fontela. Montevideo. Uruguay.
REMARKS ON THE WRITINGS OF Louyse Bourgeois. By Huriler Robb, M.D. Baltimore.
LAUGHING GAS AS AN ANÆSTHETIC in General Surgery. By T. L. Macdonald, M.D., Washington, D.C.
BOOK CATALOGUE OF BOERICKE & Tafel. Being illustrated with portraits of various authors.

ALTOONA, Pa., December 7, 1893.

EDITOR HAHNEMANNIAN MONTHLY: In the proceedings of the State Society, published in the December HAHNEMANNIAN, you have given me credit in saying that it would be disastrous to a young practitioner to take out a note book and record the symptoms given by a patient. The book referred to was a repertory, being the same point in the discussion as dwelt upon by Dr. Snader. I think it beneficial for young practitioners to jot down the symptoms given by the patient.

Yours sincerely,

H. J. EVANS, M.D.

HOMEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.—

The regular monthly meeting of the Homeopathic Medical Society of the County of Philadelphia was held at the Hahnemann Medical College on Thursday evening, October 12, 1893, thirty members being present. Drs. Edward Humphreys, Charles Becker, Thomas H. Comarroe, and H. A. Lacey made application for membership. The Committee on President's Address presented their report recommending that the suggestions contained therein be adopted. By adopting these suggestions the nominations for officers would be made in April, and the annual meeting would be held in May; another suggestion was that the incoming president should appoint the chairmen of all the bureaus in June instead of after the final report of each has been made, as at present. The Committee on President's address, to whom was referred the resolution of Dr. J. C. Guernsey in reference to the examination of candidates for preceptorship under members of the Society, recommended that the present Board of Examiners for that purpose be abolished, as no candidate had ever presented himself for examination, and also on account of the fact that the Hahnemann Medical College now inquires into the preliminary education of all matriculants. Dr. J. C. Morgan presented the following preamble and resolution: Whereas, It has been made clear that the water supply of Philadelphia has already become most impure and must ere long become insufficient in quantity; Resolved, That this Society respectfully recommends to City Councils the immediate adoption of the upper Delaware and its affluents for the future water supply of this city. The resolution was adopted after it had been amended by inserting the region of the Perkiomen before upper Delaware, proposed by Dr. John E. James. The Bureau of Sanitary Science next presented its report in the shape of a paper by Dr. Pemberton Dudley on "The Water Supply of Philadelphia." The discussion on the paper was participated in as follows:

DR. BIGLER: I do not like to make any remarks because I am afraid that they might be misunderstood.

I saw somewhere a book called "Vagaries of Sanitary Science," and the statistics which it contained entirely disproved the claim made for the absolute corruption of our drinking water. It did not think that the pollution of the waters caused an increase in the death-rate, especially

those cases which were supposed to result from polluted water. I do not think that the statistics here in Philadelphia will show an increase in typhoid fever from our Schuylkill water. We know that sunlight and fresh air are the best possible germicides. The bacteria will die sooner when exposed to sunlight and air than under the most powerful germicides, so there must be a purification of the water as it comes down to us. These little points, which are still a matter of dispute, render it not quite so imperative that a change should be made.

The advantages of filtration are certainly rendered very evident by the history of the cholera epidemic in Hamburg and Altona. In these cities the filtration system was tried and has been shown to be very successful in its operation. To be sure, a new source is much more preferable than the use of filtration and chemicals.

I own a little farm about twenty miles from here, and just at one end of my place runs the Wissahickon, quite near to my barn, and it must take some of the drainage from my stable. But the water runs a distance of twenty miles before it is used for drinking purposes, and it must be purified by the time that it is so used. One of my neighbors, who lives just below my barn, draws water from the Wissahickon, and his whole family is very healthy. Just above his house are cows which stand in the water, etc., and not a half mile from this place the water is taken up into tanks and used for drinking purposes.

I said that I was afraid that I would be misunderstood, and I do not wish to be. I like to drink pure water, but I do not think that because water comes from the coal region we should be afraid to drink it. Not much good results from rendering people so fearful about the water. It produces a morbid dread among the people, and as physicians and guardians, so to speak, of the public health, we should move in our own circle to get a better supply. It is our duty to calm the fears of the public, and I do not believe in these public agitations about the water supply. There are many reasons for supposing that some of the dangers are exaggerated.

DR. CARMICHAEL: There is one other source of possible water supply for Philadelphia that Dr. Dudley did not mention. It may not be known to all of us that the vast sandy barren between here and Atlantic City is owned, possibly three-fourths of it, by one of our most prominent citizens, who has advanced a theory that if the

city of Philadelphia was to acquire the ownership of this sandy desert: it could be used for supplying all the demands of the city for water, which would be absolutely pure. His idea is that the percolation of the water through this almost pure silica would give us practically pure water. I suppose the area would have to be deprived of its occupants and its timber, and probably the Delaware would have to be tunneled.

DR. DUNNING: What kind of water would we get? Surface water?

DR. CARMICHAEL: I think the gentleman's plan is to sink artesian wells, but I do not know. He supposes that the supply would be permanent. The gentleman's name is Joseph Wharton.

DR. MORGAN: I can imagine the use of such a sandy tract for purposes of filtration, but for the sinking of innumerable artesian wells it does not seem to me to be practicable, and until we have further light upon this plan I do not think we can take deep interest in the matter. We cannot intelligently criticise or approve of such a plan until we know more about it.

I had the pleasure of listening to Professor Leffman last winter, at the Academy of Natural Sciences, on the subject of the purification of drinking water, and the conclusion of his lecture was that the most efficient thing was the use of the carbonate of iron, and he seemed to have such a perfect reliance upon it that it made an impression upon me and recalled some experiences that I had had. When a lad I went to Charleston by sea, and the practice—which, I believe, still prevails—was to take in the ship's water-supply at New Castle, where, according to the tradition of the sailors, it had purified itself. The casks were filled at this point, and the ten days' passage to Charleston was made really with putrid cask water; cask water taken to sea soon becomes putrid. Later, I went to sea for two years or more in the navy, and we had two kinds of water—that kept in casks and that which was stored in tanks. The water-supply was always kept up to the maximum point. The tanks were made of iron, and contained over 2000 gallons each, making 6000 or 7000 gallons in all and a great many gallons in the casks. In a few days the cask water became more or less putrid. The casks were always emptied first, because the tanks acted also as ballast. I, being the hospital steward, was entitled to my gallon a day for the dispensary, and I quickly noticed the difference between the cask and tank water. I found that the inside of the

tanks was covered with a thick layer of iron rust, and the water was just as sweet and pure and beautiful as the other was repulsive. Of course my experience dates back to 1848 to 1850, but I was very much interested to hear Dr. Leffman corroborate my previous experience. I would urge that especial attention be given to the use of the carbonate of iron, which is easily made and very cheaply. It may have some drug-effect, but it is far to be preferred to the impure waters which we would otherwise have to use. There is very little doubt but that the pale, wizened appearance of our men and women is due to bad water; we do not have a healthy look. The people of Philadelphia, unless just back from the seashore or the mountains, have an unhealthy look, and I think it is largely concerned with the bad water that we have to drink. When we deal with our patients we must take this into consideration, and we will doubtless find the proving symptoms of some of these impurities which have been demonstrated in the Philadelphia water-supply. If we want to cure our patients, we shall probably have to pay more attention to the impurities which exist in the water.

Again, I wish to allude to the supply of water for ships going out from this point—those that take in their supply at New Castle or at any place below Philadelphia. It is a great deal better to take the Schuylkill water at some point in Philadelphia, where it is the best that we have, and give this to the passengers and crews of the vessels. I would have the cask system of vessels done away with, as the water becomes putrid after a few days, no matter how pure it is to begin with. To have tanks will insure a pure supply, and if not pure to begin with, it will be made so by the carbonate of iron in the tanks. The city should see that this plan, or a similar one, is instituted. I will go further, and offer the following preamble and resolution:

WHEREAS, It has been made clear that the water supply of Philadelphia has already become most impure, and must ere long prove quite insufficient in quantity,

Resolved, That the city councils adopt the upper Delaware and its confluents as the future water supply of this city.

Resolution seconded.

DR. CARMICHAEL: Would it not be better to wait and hear the details of this other plan?

DR. N. F. LANE: The plan of Joseph Wharton is to use the surface water, and not that of artesian wells.

DR. DUNNING: I do not rise because I know much about this subject from a scientific point of view, but I have been surprised, if the water-supply of Philadelphia is so very poor, that the cases of so-called filth diseases have steadily decreased in numbers. They have steadily decreased in Philadelphia in spite of the increasing foulness of the water-supply of the city. It is supposed that typhoids, possibly diphtheria, and many of the bowel troubles are spread through the water-supply, and yet there are evidences to all of us if we will look at our notebooks, that we are having fewer and fewer cases of typhoid fever, fewer and fewer cases of true dysentery and severe bowel troubles in this city—much fewer in proportion to the amount of practice that we do compared with what we did 10, 15, or 20 years ago. It used to be the case that a physician had 10 or 12 cases of typhoid fever at once during the fall of the year. I have been inquiring uptown, and I have ascertained that it is rare for a man to have more than 1 or 2, or 3 or 4, cases at one time. I do not know the reason, but I think it is because the water-supply is better than it used to be. I think one reason is that nature has kindly provided Philadelphia with an excellent situation, and while we are drinking the water from the towns above, so we are supplied with disinfectants coming into the rivers from the hills and factories up the stream. We are having sulphites, and carbonate of iron, coming into the stream, and oxides of iron are carried into the stream in the form of a fine, impalpable powder. Then lower down we have the drainage from the lime works, and I think that the precipitation of that lime water as it comes in contact with the organic impurities, carries them down, and so the river is being constantly, not sterilized, but rendered more pure by the result of these chemical substances coming into the stream, and even the substances coming from the dye works, and that large pulp mill up the river, render the water more potable than it otherwise would be. Without these I think the water, when we get it, would not be usable and the diseases would be more numerous than they now are.

DR. DUDLEY: I have been interested in this discussion for several reasons, particularly in Dr. Bigler's remarks about the "vagaries of sanitary science." If he would look up general medical literature in our libraries he would find "vagaries" of homœopathy, and especially the "va-

garies" of ophthalmologists, who are engaged in burdening our school children with spectacles.

Dr. Bigler said that he did not think that the drainage from his stable made anybody sick. Nor does anybody else think so. But will he remember that 20 miles distant from his stable in every direction means a total of about 800 square miles, and if he considers that in each square mile there are perhaps 10 stables like his, it means 8000 stables all together, and if the drainage from all of these stables is poured into our drinking water, what then? This polluted water may not produce typhoid fever, or diphtheria, but the constant use of the water might change the whole constitution and make the individual a prey to these diseases. We, as practitioners, know that everything being equal, the lower the vitality of the patient, especially if lowered by poor food and drink, or a bad atmosphere from any cause, the greater the likelihood that the patient will succumb to these diseases.

Are there not a great many poorly educated people who drain their stables and their privies into streams, and throw their typhoid fever excreta into stream? Think of that. It goes from that grade of offence to that of the doctor in Chester County who told his patients to throw their bowel movements into the stream; or like that doctor in McKeesport, who told his patients to throw their typhoid fever excreta into an abandoned well, while a hundred feet away was a spring from which water was drawn into the town, and a typhoid fever epidemic was the result.

There is another point which I wish to object to in Dr. Bigler's speech. He thinks we should try to calm public fears. I say, no, we should seek to arouse public fears. I am a believer in panics when it comes to this. I tell you, it is the cholera panic in this country which has taken the place of cholera. If we had not had a cholera panic a year ago we would have had cholera here this year, sure as guns.

Dr. Dunning really did not intend to argue that because typhoid fever is on the decrease that the Schuylkill water is better; that because filth diseases are disappearing to a certain extent our drinking water has improved. The filth diseases are, prominently, typhoid fever, diphtheria, scarlet fever and typhus fever. We should also include cholera, and dysentery to a certain extent. These perhaps would be called the filth disease. I do not think that we ought to include yellow fever and measles in the list. Take

typhoid fever. There has been a good deal said both for and against Dr. Charles Cresson upon this subject, and many people do not know that Dr. Cresson has got the laugh against his critics, and in a very emphatic way, too. Dr. Cresson has been in the habit of saying for the past two or three years, in a few weeks you will find an increase in the number of cases of typhoid fever in certain districts of this city. Why does he predict these things? Because he has been examining the Delaware and Schuylkill waters, and in every instance his predictions have been fulfilled. He is a microscopist and he thinks he knows typhoid fever germs when he sees them. I know that his predictions come true. He knows what districts are supplied with Schuylkill water, what with Delaware, etc.

I think any careful physician will agree that filth diseases can be and frequently are transmitted by the water supply. For instance, suppose that 480 cases of small pox in Reading recently had been typhoid fever, and the excreta thrown into the Schuylkill, what do you suppose would be the state of affairs in Philadelphia? If a single case of typhoid fever can, by means of its excreta, poison the water and cause fatal illness among a number, what can be done by a series of cases in Norristown or Phoenixville? It is useless for us to deny that impure water is harmful, or that it is indecent.

As regards this purification by the carbonate of iron, I believe that it holds out more promise than any other method yet adopted. The Anderson method, which consists of shoveling down through moving water innumerable particle of iron, is being used in Pittsburgh. It is a method by which for years past all the water used in Antwerp was treated. When we come to employ it in a large city like Philadelphia, it would be an expensive matter, and, moreover, it will not clear the turbidity occurring after storms, nor increase the supply for us.

I think that the plan suggested by Windrim of constructing a series of dams with a storage capacity to last Philadelphia for a year, making the water like lake water, pumping it from the Delaware and allowing it to remain month after month and month after month, is a good one. The water would be as pure to us as one of the Great Lakes, at least. It is proposed that aqueducts extend to these new lakes, the whole distance being between 40 and 50 miles. The Croton

aqueduct is 40 miles long. The Schuylkill derives all of its drainage, through its tributaries, from within this State, where we can control it, technically speaking, while the Delaware derives its water from three states, two of which we cannot control. And that is why Director Windrim and Mayor Stuart advise the use of the confluents of the Delaware upon the western side, as they can be protected by law. The use of the Delaware and the Schuylkill is all right, but to build a reservoir in Philadelphia to hold the necessary amount for one year would be impracticable.

The peculiarity of the Tohegan watershed is that it comes through quite a hilly, mountainous region. Its sides are steep and almost precipitous, and covered with rocks and woods, and the water, even after a storm, is not turbid, to speak of.

DR. DUNNING: There is one other point in connection with this storage system that I have not seen referred to in any public discussion upon the subject. I have lived in the country a good deal of my life, and I never saw a pond that was made by damming a stream where there was not an overflow sufficient to make a pretty strong current through that pond. And I have never seen such a pond where there was not, for a certain time during the year, a green scum covering it. I believe that is one of the most prolific causes of malaria.

DR. BIGLER: I got sat down upon so severely that I must rise to a personal explanation. Dr. Dudley has put me in a false light. I never said, or implied, that I thought stable water was healthy, or that I thought stable water would not produce typhoid fever. I maintain that the mental effect produced by a panic of any kind renders the system much more susceptible to these diseases, much more than a little stable water does. Why, people get small-pox by coming in contact with a person who is simply *supposed* to have small-pox.

DR. MORGAN: I do not wish to let this discussion close without alluding to the observations of Koch and his investigators, that putrefactive bacteria are inimical to the specific bacteria of cholera,—the two cannot exist together. There are different kinds of filth; there is filth, and there is *filth*. The cholera filth, that impregnated with the cholera bacillus must be eluded vigorously. It must not be forgotten that in all our thought upon the subject of impurity of water, that the different bacteria are inimical in

many cases and that the putrefactive bacteria cannot live with the cholera bacteria.

I believe that the panic on the subject of the drinking water of the city during the past dozen years has been very wholesome. People have gone and very universally bought filters, and I think the fact that certain diseases have diminished lately is due to the filters.

DR. DUDLEY: Filtered water is good, *very* good, when you cannot get any that is better; but let one of our citizens go into the country and drink water from a spring, and he will look up and around with a smile on his face and will say, "That is both *food* and drink." Such will not be the case with the chemically prepared water, for oxygen is taken out of the water by the chemical processes. The facts in reference to the oxygen of the Schuylkill are these: From Phoenixville to Fairmount there is a steady diminution in the amount of oxygen contained in the water, and this in spite of the fact that the Schuylkill in this distance tumbles over half-a-dozen dams, and is aerated. The putrefactive changes are going on in the water and using up the oxygen. Fish die in the Schuylkill because of the want of air, and that alone is one of the reasons why the Schuylkill water should be condemned. It is not a good drinking water nor a good tasting water.

DR. MIDDLETON: I have cautioned my patients against using water in which precipitation has been brought about by means of alum. I also caution people about the use of filters, that they need a great deal of care, but, however, I advocate the use of filters, and recommend the stone filter, which can be easily cleansed. Do not filter the water until it has been boiled, and do not use it until after it has been filtered.

DR. MORGAN: The gases of the Schuylkill water are also lost when the water is boiled. I see that the Ceylon tea merchant, now in this city, says, do not boil the tea but only bring it to the boiling point, and he has excellent tea. I think the use of good drinking water will give us healthy and florid complexions, and I believe that these gases are an essential part of good drinking water.

On motion, adjourned.

EDWARD M. GRAMM, M.D.

Secretary.

CENTRAL PENNSYLVANIA HOMŒOPATHIC ASSOCIATION.—The State Central Homœopathic Association convened in the hall of Stephen C.

Potts Post, Eleventh Avenue and Thirteenth Street, November 21st, at 2 P.M. The association is composed of homœopathic physicians from the central counties of Pennsylvania. It is a newly-formed organization, with a membership of sixteen, four of whom were elected at this session. It was established at a meeting in Tyrone on August 11, 1893, in response to a demand for association among the doctors of Central Pennsylvania, and the prospects for its success are promising.

The doctors in attendance at the semi-annual meeting were Scheurer, Clearfield; Bigelow, Philipsburg; Dart, Bellefonte; Evans, Morrow, Hall, Walter, and Book, Altoona; Wesner, Clearfield; Sharbaugh, Du Bois; Smith, Lock Haven; R. L. Piper, Tyrone; and Gould, Frankstown.

The first session was called to order at 2 o'clock by the President, Dr. A. M. Wesner, of Houtzdale.

Dr. Ellen G. Woodward, of Altoona, sent in her resignation as recording secretary and treasurer, stating that she expected to leave the city. It was accepted, and Dr. Morrow, of Altoona, was elected to fill the vacancy. Minutes of the previous meeting, held in Tyrone, were then read and approved.

The report of the treasurer was submitted, after which applications for membership in the association were read as follows: E. M. Scheurer, Clearfield; R. L. Dart, Bellefonte; and W. S. Bigelow, Philipsburg. They were all elected members of the association; also Dr. G. C. Burnley, Williamsport, Pa.

The president then delivered his annual address. He referred to the rise of the school of homœopathy in poetical language, and then spoke of its rapid advancement. The poem pleaded for faithfulness to the trust which has been reposed in homœopaths, and hoped for the day when all factions would be swept away. He was liberally applauded.

A new constitution and by-laws were then taken up for consideration.

The constitution states that the association is for the purpose of the advancement of medical science and the social intercourse of its members. Semi-annual meetings are held and qualified doctors are admitted to membership. At the regular meetings papers are read on medical subjects. The constitution was adopted.

There was some discussion about the quorum required for the transaction of business at meetings. In the by-laws, as drafted, it required seven;

it was moved to make the number four. The change was made.

A motion was made that the word she be admitted after he in the clause providing for membership, so as to admit women.

Bills were presented and orders granted.

The report of the bureau of clinical medicine, Dr. Smith, chairman, was then made. He spoke of the treatment of a fibroid uterine tumor, and of the efficiency of homœopathic medicine in such cases.

Another case of female disease was also reported, in which homœopathic treatment was successful. These cases were then discussed.

A case was related by Dr. Bigelow where the removal of a tumor was attempted but was prevented by adhesions, and he spoke of the treatment given. Since the general condition of the patient has been remedied. There was then further discussion by Drs. Bigelow, Evans and Smith.

Dr. Scheurer related a case with two fibroid tumors and a cure effected.

Dr. Hall related experience with a case of ovarian tumor with good results.

Dr. Wesner told of a case of pneumonia and the subject was discussed.

The bureau of pathology, Dr. Evans, chairman, then reported.

"Lead Poison" was the subject of his paper. He gave instances of treatment in the city of workmen in the shops. The topic was discussed by Drs. Hall, Evans and Smith.

Dr. Walter then read a paper on inflammations of the mucous membrane, or "Catarrhal Inflammations." It was discussed by Dr. Evans.

Dr. Cheyney, of Williamsport, was unable to be present and sent in the report which he was to make. The paper, "Operation for Appendicitis," was discussed at considerable length.

Dr. Bigelow reviewed the subject and spoke of several cases of appendicitis. Dr. Evans referred to the treatment of the complaint and Dr. Smith made some remarks.

At 5 o'clock, on motion of Dr. Evans, it was agreed to meet in the evening at 7.30.

EVENING SESSION.

It was 8 o'clock when the evening session was called to order by the president.

The subject of the treatment of appendicitis was then further discussed by Dr. Dart.

Dr. Hall, chairman of the bureau of obstetrics, presented a paper on the

subject of "The Selection of a Wet Nurse." He reviewed the topic thoroughly and gave some interesting views on social subjects. The care in the selection of a wet nurse was plainly stated and the obligations devolving on parents on doing so were forcibly put forward. Dr. Dart made a query on the subject and was answered by Dr. Hall. The latter stated that the doctor's word in the regulation of a patient's treatment must be accepted as supreme in the care of the case; if this is not done, physicians should relinquish charge of the matter. Dr. Evans on this subject read from the "Code of Ethics" in regard to the relation between physician and patient, which stated the confidence which should be placed in the attendant doctor. If the physician is not obeyed he should relinquish the case.

Dr. Hall then explained what should be done when wet nurses are not obtainable, in answer to a query by Dr. Piper. Care must be taken to get a good quality of cow's milk.

Dr. Smith gave his views on the topic under consideration.

Dr. Hall referred to the practical impossibility of securing pure cow's milk in Altoona when the animals were permitted to run the streets and drink the city sewerage.

Dr. Evans further debated the matter and spoke of the qualities of the different brands of condensed milk. He had secured good results with peptonized milk.

Dr. Piper was appointed by the president to ascertain the cost of printing 50 or 100 copies of the constitution and by-laws and report the same at next meeting.

The president then appointed Drs. Piper and Morrow as a publishing committee; legislative committee, Drs. Hall, Dart and Scheurer.

The recording secretary said that he had nothing particular to report at the present time. He referred briefly to some correspondence which he had with members of the association in regard to attendance at the semi-annual meeting.

It was moved that a vote of thanks be extended to the press and to the Grand Army of the Republic, Post No. 62, for the use of the hall. Unanimously adopted.

The following bureaus were supplied for next meeting as follows:

Pathology.—Dr. Hall, Chairman.

Obstetrics.—Dr. Walter, Chairman.

Surgery.—Dr. Evans, Chairman.

Clinical Medicine and Pediatrics.—Dr. Bigelow, Chairman.

Gynecology.—Dr. Book, Chairman.
Materia Medica and Proving.—Dr. Dart, Chairman.

Dr. Evans moved that the next meeting be held in Bellefonte. Williamsport and Lock Haven were also suggested as the place of meeting. It was agreed, after discussion, that the association would meet in Williamsport next May. The time is the third Tuesday of the month.

Dr. W. C. Goodno and Dr. J. E. James, of Philadelphia, were elected to honorary membership of the association, and the corresponding secretary was directed to notify them.

The association then adjourned to meet at the time and place previously selected.

THE 287TH REGULAR MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF KINGS was held in the rooms of the Franklin Literary Society, 44 Court street, on Tuesday evening, November 14, 1893, being called to order by the President, Dr. Baylies.

There were forty members and two visitors present. After the reading of the minutes of the previous meeting, Dr. J. L. Moffat announced the death of Dr. Robert, of New Utrecht.

Election of members was next in order, and the name of Dr. Emma DeL. Burd was presented.

Dr. J. L. Moffat asked whether Dr. Burd was recommended by the Executive Committee.

The President answered that Dr. Burd had presented her license from the county clerk to him, and he had showed it to one of the Examining Board, who thought it to be all right. Dr. Searle said that he did not know the law on this point, and while the license was probably all right, yet he could not say positively whether it was good or not.

Dr. Butler asked if this applicant could come up for election without being recommended by the Executive Committee.

The President answered in the negative, and that the matter would stand over until the next meeting.

Under new business the following bills were presented and ordered to be paid:

Bill from Mr. J. M. Bulwinkle of \$2.

Bill from the Franklin Literary Society for rent, for six months, \$24.

The President then read the resignation of Dr. P. C. Moriarty of Omaha, Neb., as a member of the Society, which was accepted.

Dr. W. S. Searle then offered the

following minute and moved its adoption, which was carried:

"Having learned that Dr. Joseph H. Raymond has been mentioned for the office of health commissioner under the recently elected city government, the Homœopathic Medical Society of the County of Kings hereby records its appreciation of his especial ability and fitness for this position, as well as the equity which marked his former career in the same office.

"Without solicitation by him or his friends it cordially commends him as a candidate to our mayor-elect and respectfully suggests his appointment."

The Secretary read a letter from Dr. O. S. Ritch, in reference to the Society attempting to secure a fair representation on the Health Board from the homœopathic school.

Some remarks were made upon Dr. Ritch's letter, after which Dr. Searle moved that a copy of the minute as adopted be signed by the President and Secretary and sent to Dr. Raymond. The motion was carried.

Report of the Bureau of Pathology and General Medicine followed, Dr. W. M. Butler, Chairman.

The first paper was read by Dr. W. S. Searle, entitled "Cases of Bright's Disease, with Remarks."

The second, "Cases from Practice," was read by Dr. J. B. Lawrence.

Dr. G. K. Parkhurst presented the third paper, the title being, "Can We Determine the Location of the Varicellous Eruption?"

The fourth paper was read by Dr. C. W. Smith, entitled "Suppurative Hepatitis."

The fifth paper, entitled "Huntington's Chorea, with Histories of Additional Cases," was presented by Dr. W. M. Butler.

Dr. Hasbrouck asked if any member had recognized any difference in color of albumen? He stated that he had seen some albumen much whiter than others, and should like to know if it is of any particular signifi-
 cance?

He then reported a case of Bright's disease, with the amount of albumen found at different examinations of the urine, extending over a period of about three years.

Dr. J. L. Moffat asked Dr. Hasbrouck if he had filtered the urine before testing for the albumen? The coloring matter, he thought, might make a difference in the color of the albumen.

He further stated, that he had not noticed any mention of the amount of urea in any of the cases narrated in Dr. Searle's papers. He placed great importance upon the amount of urea-

Dr. Robinson said, he was treating a case of hæmoglobinuria, in which the albumen was about the color of the wall (light-red).

The following reports on the "Verification of Symptoms" were then made:

Two reports by Dr. Latimer—one of "Podo 30," and the other of "Sulph. 6 and 30."

One by Dr. J. L. Moffat, of "Euphrasia 6."

One, by Dr. Butler, of a "Clinical Verification of Sulph. 200."

And, two by Dr. Stewart—one "Of Berberis, 30," and the other, "Of Arnica 200."

There being no further business, the meeting adjourned at 10.25 P.M.

W. S. RINK,
Secretary.

ST. LOUIS HOMŒOPATHIC MEDICAL SOCIETY.—The St. Louis Homœopathic Medical Society met November 18th in the Public School Library. There was a good attendance, and the discussion was unusually interesting. Dr. J. Martine Kershaw, the essayist of the evening, read a paper on "The Nervous Symptoms of Delirium Tremens and the Alcoholic Habit." Dr. Kershaw said in brief:

"Delirium tremens is the poisonous effect of alcohol in the nervous system, causing hallucination of sight. Many victims become violently insane during it, and try to injure themselves or other people. One of the symptoms is sleeplessness, want of rest and loss of appetite, liability to epileptic attacks and unless they get sleep and rest they fall into a low state resembling typhoid fever and die of exhaustion or during convulsions. The alcohol habit is often an inheritance, and is closely allied to insanity, epilepsy and other nervous diseases. A father who drinks almost certainly plants the seeds of nervous diseases in his children. The inherent appetite to drink is certainly an inheritance, as much so as the color of the eyes, hair and features. In treating cases the first thing to do is to get the patient to eat—take nourishment, next to induce sleep, rest."

In treating the cases Dr. Kershaw said he first gave them hot milk to drink, and induced sleep by means of sulphonal. The treatment by morphine, although used by some of the best of physicians pulled down the patient, destroyed his appetite and made him more nervous, and was bad again because a great many drinkers are already morphine-eaters.

The paper was discussed by Drs. Comstock, Richardson, Cummings,

Canfield, Clara Russell, Knox and Morgan. In contradiction of the theory that alcohol can be found in the tissues of the drunkard's body, Dr. Morgan recited an experiment of Dr. Porter, of New York. A dog was pumped full of alcohol with a stomach pump, then killed and distilled and no alcohol found.

DENVER, COLO., Dec. 12, 1893.

ED. HAHNEMANNIAN: At the last meeting of the American Institute of Homœopathy, Denver was selected as the place of meeting for 1894. I have been requested by the chairman of the Local Committee of Arrangements to send you a few items concerning the progress that has so far been made towards the purpose of making that meeting one of the most successful ones in the Institute's history.

Late in the month of November the members of the Local Committee were called together for permanent organization. It was decided to proceed to the election of officers, and the following were selected:

Chairman, Dr. Eug. F. Storke; Vice-Chairman, Dr. E. H. King; Secretary, Dr. S. F. Shannon; Treasurer, Dr. W. A. Burr.

At the first meeting of the members, held in December, the chairman announced the following chairmen of sub-committees:

Programme, Dr. J. B. Kinley; Printing, Dr. E. H. King; Finance, Dr. J. M. Walker; Entertainment, Dr. J. Wylie Anderson; Hotels, Dr. W. A. Burr; Lady Visitors, Dr. Genevieve Tucker; Excursions, Dr. S. S. Kehr; Railroads, Dr. N. G. Burnham; Press Dispatches, Dr. A. Cuvier Jones; Hall, Dr. E. J. Clarke; Correspondence and Press, Dr. S. F. Shannon.

The Reception Committee is composed of the President of the State Society, the President of the Denver Homœopathic Club, and Dr. Storke, with power to add two others.

The physicians of the Rocky Mountain region feel quite proud that the "Queen City of the Plains" was selected as the next place of meeting of the Institute, and I can assuredly say that the members shall have no cause to regret that the West carried off the palm as the next meeting place.

We have in Colorado and surrounding States a very large number of homœopathic physicians, and there is no doubt whatever but that they will one and all unite to make the '94 meeting of the Institute one long to be remembered by each and every one present. We one and all realize that

the Institute conferred a very great honor on our young State and city by selecting them as the place in which to celebrate the semi-centenary of that body, and all will try to make the meeting so agreeable that the members will go away wishing for the time to soon roll around when they may again meet with us in the West. Last year we were able to send out to the profession a creditable volume of transactions of our State Society; but this year, owing to the fact that the society's funds are tied up in a failed bank, no transactions will appear except as the writers of the articles may select the different journals to have their papers published.

Yours fraternally,

S. F. SHANNON, M.D.

The following was unanimously adopted by the members of the Local Committee:

WHEREAS, The coming of the American Institute of Homœopathy to Denver marks an era in the progress of scientific medicine in the Rocky Mountain region;

Resolved, That we, the members of the Local Committee of Arrangements, re-enforced by the homœopathic physicians of the State, do hereby pledge ourselves to do our utmost to make the coming meeting as successful as befits so notable an occasion.

ERIE COUNTY HOSPITAL, BUFFALO, N. Y.—The question of establishing an Erie County Hospital in the vacant insane wards at the almshouse came before the board of supervisors at the meeting December 6th. There were present a number of homœopathic physicians and Dr. Crego. The homœopaths gave to Supervisor Menzies, chairman of the special committee of the board, the following petition, which is signed by Drs. C. S. Albertson, H. Baethig, N. W. Bodenbender, C. W. Babcock, H. Baer, L. A. Bull, P. L. Carter, J. T. Cook, E. P. Hussey, O. J. Jordan, W. P. Kenyon, F. Parke Lewis, W. E. Long, George T. Moseley, A. R. Wright and a large number of others:

It is respectfully submitted to the honorable board of supervisors that there are in existence two regularly organized schools of medicine.

Both have equally the confidence and respect of the people, both are represented by capable and skilled physicians and surgeons, both have specialists fully qualified to meet the most exacting requirements of modern science.

The adherents of both schools repre-

sent to an almost equal degree the taxpayers in the community. Both schools are already recognized by the municipality in the selection of district physicians for the poor. Both are recognized by the State in separate boards of medical examiners. Among the poor as among the rich, remains the right of selection of medical advisers.

In view of all these facts and as representatives of a large portion of the taxpaying public of Erie County, your petitioners request that the hospital department of the almshouse be placed under the care of the board of trustees, whose duty it shall be to select annually from the regular practitioners of the city of Buffalo, a staff of physicians, half of which shall be of the Old School and half of the Homœopathic School of Practice.

Also that the patients in the hospital shall be assigned in alternation to each of the medical departments, and that there shall be two resident physicians, one representing each school of practice, who shall receive such reasonable compensation as your board shall decide, the attending staff serving without pay.

The Homœopathic Society of Erie County has unanimously signified its willingness to accept and perform such public service, as a duty due the city and to the poor; but suggests especially the following as a staff for the Homœopathic department for the first year:

Consulting Staff.—Physicians—Drs. A. R. Wright, Henry Baethig, N. Osborne, E. P. Hussey.

Surgeons.—Drs. H. C. Frost, A. W. Eaton.

Attending Staff.—Physicians—Drs. J. T. Cook, B. J. Maycock, C. S. Albertson, C. W. Babcock, D. B. Stumpf, E. A. Fisher.

Surgeons.—Drs. G. T. Moseley, D. G. Wilcox.

Obstetricians.—D. G. R. Stearns, J. S. Halbert.

Eye and Ear.—Drs. F. Parke Lewis, W. A. M. Hadley.

Nose and Throat.—Drs. L. A. Bull, F. P. Lewis.

Nervous Diseases.—Dr. T. J. Martin.

Genito-Urinary.—Dr. M. F. Linquist.

Pathologist.—Dr. G. W. Lewis, Jr.

THE TWO HUNDRED AND EIGHTY-EIGHTH REGULAR MEETING OF THE HOMœOPATHIC MEDICAL SOCIETY OF THE COUNTY OF KINGS was held in the rooms of the Franklin Literary Society, Brooklyn, on Tuesday evening, December 12, 1893, being called

to order by the President, Dr. Baylies.

There were thirty-seven members and one visitor present.

After the reading of the minutes of the previous meeting, which were approved, the Secretary presented communications from Dr. J. H. Raymond, Chas. A. Schieren, Esq., and Dr. David Myerle.

Dr. H. D. Schwenck, chairman of the Committee on Verification of Symptoms, stated that blanks had been distributed, and he hoped the members would give the matter their attention.

The application of Dr. John W. Fawdrey of 196 Clermont Avenue was presented, after which, under "Election of Members," Drs. Emma DeL. Burd of 174 Livingston Street, and Elizabeth W. M. Cameron of 23 Seventh Avenue were unanimously elected to membership.

The President then read the following letter:

As Corresponding Secretary of the Ladies' Aid Association of the Brooklyn Homœopathic Hospital, I have been directed to make known to the Homœopathic Medical Society of the County of Kings the following facts and request.

It has been customary for our Association to raise the funds necessary for the support of the Hospital by fairs and entertainments of various kinds, but this year our usual method has been rendered impracticable by the widespread financial depression, and we have, therefore, determined to ask from the patrons of homœopathy in our city small subscriptions believing that the benefits of this, the only general hospital under the care of our school of medicine renders it worthy of their aid. In order that these patrons may be reached by personal appeal it becomes necessary to obtain the names and addresses of those who employ homœopathic physicians, and to this end we respectfully ask that the members of your Society should furnish lists of their patients.

Those of your members who are willing to aid in this good work are requested to send such lists, at their earliest convenience, to the President of the Ladies' Aid Association, Mrs. Camden C. Dike, 194 Columbia Heights.

Very respectfully,

MRS. W. S. SEARLE,

Cor. Sec. L. A. Asso. B. H. H.

DECEMBER 11, 1893.

Dr. R. C. Moffat moved that the members of this Society be requested

to send to Mrs. Camden C. Dike, 194 Columbia Heights, President of the Ladies' Aid Society of the Brooklyn Homœopathic Hospital, the names of such persons, ladies and gentlemen, as would be likely to subscribe any sum whatever to be applied in aid of the Hospital. The motion was carried.

A bill from Mr. J. M. Bulwinkle of \$1.00 was ordered to be paid, and then the Society took up the nomination of officers for 1894.

Dr. R. C. Moffat moved that a Committee on Nominations be appointed by the chair.

Dr. Butler moved an amendment to the motion, to proceed with open nominations.

After some discussion the amendment was carried.

President, Dr. Alton G. Warner; Vice-Presidents, Dr. C. W. Smith, Dr. H. J. Pierson; Secretary, Dr. W. S. Rink; Treasurer, Dr. W. T. Hudson; Necrologist, Dr. N. Robinson.

Censors.—Drs. H. D. Schenck, J. L. Moffat, E. Hasbrouck, W. M. Butler, J. L. Watson, W. S. Searle, E. Chapin, H. Willis, B. L. B. Baylies.

Delegates to State Society.—Drs. B. W. Bierbauer, W. H. Aten, M. T. Hopper, W. B. Breck, G. G. Bishop, L. A. Cort, J. J. Sutton, A. T. Hobby, J. L. Cardozo, A. S. Brinkerhoff, Stuart Close, W. W. Eusey, J. B. Given, H. J. Knapp, G. G. Van Mater, K. Burnette, F. H. Lutze, H. O. Rockefeller, L. Schlegel, S. E. Smith, R. H. Stolz, H. E. Street, E. M. Martin, R. L. Macfarland.

There being no further nominations, they were declared closed.

Dr. E. Hasbrouck gave notice that at the next meeting the following change in By-law XIII. would be offered:

"All nominations for officers shall be made openly at the meeting next preceding the Annual Meeting, notice of which shall be given in the notice for the meeting.

"Such nominations shall be referred to the Executive Committee to decide as to eligibility.

"The secretary shall send to each member, with the notice of the Annual Meeting, a printed list of all nominations for office."

Report of the Bureau of Materia Medica and Therapeutics, Dr. J. L. Moffat, chairman:

Subject: "Comparisons of the Sodium and Potassium Salts."

The following papers were then presented:

"Digestive System," by Dr. J. L. Cardozo.

"Circulatory System," by Dr. C. W. Smith.

"Respiratory System," by Dr. Stuart Close.

"Nervous System," by Dr. M. T. Hopper.

"The Ear," by Dr. H. D. Schenck.

"The Eye," by Dr. Alton G. Warner.

A letter was read by Dr. J. L. Moffat from Dr. Deschere, of New York, in response to the invitation sent him to be present at the meeting to discuss the papers.

Dr. J. L. Moffat moved that the secretary be authorized to notify the members of the society of the motion relative to the Ladies' Aid Association of the Hospital. The motion was carried.

There being no further business, the meeting was adjourned.

W. S. RINK, *Secretary*.

THE ANNUAL MEETING of the Homœopathic Medical Society of Delaware and the Peninsula was held in the parlors of the Hotel Willis, Wilmington, Del., on November 9th., Dr. L. A. Kittinger in the chair. The following members were present:

Drs. L. and L. A. Kittinger, A. and E. T. Negendank, J. P. Lukens, A. E. Frantz, I. M. and L. W. Flinn, J. H. Rile, Peter Cooper, D. G. Barlow, L. N. Slaughter, W. E. Sherwood, G. M. Doane, J. W. Cooper, Elkton, Md.; W. C. Karsner, Chesapeake City, Md.; E. S. Anderson, Dover, Del.; T. O. Clements, Dover, Del.; C. M. Allmond, Newark, Del.

After the regular business meeting of the Society the following papers were read and discussed.

"Biliary-Colic with Passage of Gallstone," by Dr. E. S. Anderson.

"Two Cases From Practice," by Dr. L. N. Slaughter.

"A Case From Practice," by Dr. C. M. Allmond.

"Homœopathic Surgery," by Dr. L. W. Flinn.

"Specialties," by Dr. Peter Cooper.

The following officers were elected and bureaus appointed for the ensuing year:

President, L. W. Flinn, M.D.; Vice-President, E. S. Anderson, M.D.; Secretary, E. T. Negendank, M.D.; Treasurer, L. Kittinger, M.D.

Practice.—Drs. A. Negendank, L. N. Slaughter, J. M. Smith.

Materia Medica.—Drs. T. O. Clements, G. M. Doane, W. E. Sherwood.

Surgery.—Drs. J. H. Rile, I. M. Flinn, E. T. Negendank.

Obstetrics.—Drs. L. A. Kittinger, J. P. Lukens, C. M. Allmond.

Pedology.—Drs. A. E. Frantz, W. C. Karsner, D. G. Barlow.

Oph., Otol. and Laryngology.—Drs. Peter Cooper, J. W. Cooper, L. Kittinger.

Legislative Committee.—Drs. E. S. Anderson, J. H. Rile, I. M. Flinn, C. M. Allmond, Peter Cooper.

Committee on Arrangements.—Drs. E. T. Negendank, Peter Cooper, L. A. Kittinger.

Delegates to the American Institute of Homœopathy.—Drs. J. W. Cooper, D. G. Barlow.

Alternates.—Drs. W. C. Karsner, L. N. Slaughter.

State Board of Examiners.—Drs. A. Negendank, J. H. Rile, L. W. Flinn.

Much interest was taken in this meeting, and a very enjoyable and profitable day was passed.

THE ANNUAL MEETING OF THE MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY was held at Hotel Clarendon, Boston, December 13th, afternoon and evening. Several amendments to the Constitution and By-laws were acted upon and new members were admitted to membership. The president, Dr. Sarah E. Sherman delivered the annual address. The following reports and papers were presented:

Report of Committee on Progress in Gynæcology. Kate G. Mudge, M.D.

Report of Committee on Progress in Surgery. N. W. Emerson, M.D.

The Physiological Basis of Official Surgery. O. S. Runnells, M.D., of Indianapolis.

Discussion opened by L. A. Phillips, M.D.

Anæsthesia by Nitrous Oxide. Prof. W. O. Macdonald and George W. Roberts, M.D., of New York.

Discussion opened by Horace Packard, M.D.

Cases in Orthopædic Surgery with Demonstrations. G. H. Earl, M.D.

Injuries to the back, with Case. James Krauss, M.D.

A Ruptured Tubal Pregnancy. Laparotomy. Recovery. G. R. Southwick, M.D.

The Vaginal Douche. E. A. Bruce, M.D.

A Visit to Some European Cliniques. H. A. Whitmarsh, M.D. A collation was served at 6 o'clock, p.m.

NEW YORK STATE HOMŒOPATHIC HOSPITAL.—The trustees of the New York State Homœopathic Hospital, at Middletown, held their regular quar-

terly meeting December 7th. There were present Messrs. Burt, Clark, Graham, McCroskery, Vanamee, Macardell, Stivers, Slote, Wetmore, Devoe, of the trustees, and Dr. Talcott, superintendent.

It has been the custom of the trustees every year, at their December meeting, to invite the Senator and Assemblymen who had been elected to represent this district and county in the legislature of our State to be present with them and visit the asylum before entering upon their duties at Albany, that they might thereby learn from personal observation concerning its management and condition of the institution and its prospective needs in the way of legislation.

Assemblymen-elect Thornton and Dean accepted the invitation and were present to-day. Senator-elect Lexow had also expected to be present, but telegraphed at the last moment that he would be detained in court by a case he is trying.

The visitors were shown through the several buildings, and expressed themselves as highly gratified at the evidences of good management on every hand.

THE SOUTHERN JOURNAL OF HOMŒOPATHY announces that the partnership existing between Doctors Frank C. Drane, Eldridge C. Price and Henry Chandlee, owners and publishers of *The Southern Journal of Homœopathy* in the city of Baltimore, State of Maryland, has this, the fourteenth day of November, 1893, been dissolved by mutual consent, Dr. Drane having sold his interest to Drs. Price and Chandlee, who will attend to the publication of the journal, assuming all liabilities and collecting all outstanding accounts.

AT A MEETING OF THE HAHNEMANN MEDICAL ASSOCIATION OF LOUISIANA held at the office of Dr. Charles Lopez, 150 Canal street, the following resolutions were adopted:

WHEREAS, It has seemed good to the Almighty Disposer of events to remove from our midst our late worthy and esteemed fellow-member, Dr. Wm. H. Holcombe; and

WHEREAS, The intimate relations long held by the deceased with the members of this Association render it proper that we place on record our appreciation of his services as a physician, a philanthropist and his merits as a man; therefore be it

Resolved, That we deplore the loss of Dr. Wm. H. Holcombe, with the deepest feelings of regret, softened only by the confident hope that his

spirit is with those who, like him, having fought the good fight here, are enjoying the perfect happiness of a better world.

Resolved, That we tender to his afflicted relations our sincere condolence, and our heartfelt sympathy in their affliction at the loss of one who lived and died a true physician beloved by all who knew him. A loving and devoted husband, a kind father and a truly good man has been taken from us.

Resolved, That the secretary of this Association be instructed to transmit an engrossed copy of these resolutions to the family of the deceased.

CHAS. R. MAYER, M.D.,
Secretary.

BOSTON HOMŒOPATHIC SOCIETY.—The regular monthly meeting of the Homœopathic Society was held December 7th, at the college buildings. The following were elected to membership. Frank E. Allard, M.D., Boston; Augustine A. Haub, M.D., Boston; Isabelle P. Gibby, M.D., Boston and Alice M. Patterson, M.D., Salem. The evening was devoted to the Bureau of Ophthalmology, Otology and Laryngology, and the following papers were read and discussed:

"Belladonna in Its Relation to Progressive Myopia, and Its Attendant Symptoms," J. H. Payne, M.D., of Boston.

"Chronic Acid and Bichromate of Potash in Aural and Naso-pharyngeal Disease," S. A. Sylvester, M.D., of Newton Centre.

"Constriction of the Œsophagus," D. G. Woodvine, M.D., of Boston.

"Heterophoria, or Insufficiencies of the Ocular Muscles," L. H. Kimball, M.D., of Boston.

"Catarrh of the Middle Ear," A. D. Hines, M.D., of Westboro.

"Asthma as a Symptom of Nasal Disease," G. B. Rice, M.D., of Boston.

"The Differential Diagnosis of Acute Catarrhal Conjunctivitis and Plastic Iritis," G. A. Suffa, M.D., of Boston.

"Polypi Causing Mastoid Abscess," A. A. Klein, M.D., of Boston.

"Atrophic Rhinitis," E. B. Cahill, M.D., of Boston.

"The Treatment of Diphtheritis," James Krauss, M.D., of Malden.

The subject for the annual meeting on January 4, 1894, will be Sanitary Science and Public Health, and the election of officers for the coming year.

WASHINGTON, D. C., HOMŒOPATHIC MEDICAL SOCIETY.—At a regular meeting of the Washington Homœopathic Medical Society, held

December 5th, the following officers were elected: Dr. T. L. Macdonald, President; Dr. S. S. Stearns, Vice-President; Dr. Z. B. Babbitt, Secretary; Dr. William R. King, Treasurer; Dr. Ira W. Dennison, Librarian; Drs. G. W. N. Custis, Benjamin F. Gibbs, R. Munson, Richard Kingsman, and George H. Wright, Board of Censors; and Drs. J. B. G. Custis, W. F. Corey, L. B. Swormstedt, and S. S. Stearns, Advisory Board.

The retiring president, Dr. L. B. Swormstedt, reported that there had been a material growth in the society during the past year. The attendance had been larger than ever before. A valuable paper was presented by William B. Van Lennep, A.M., M.D., of Philadelphia, entitled "Brain Surgery," which was followed by a discussion.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE TWENTY-THIRD WARD, PHILADELPHIA, composed of the homœopathic physicians of the northern part of the city and of the lower ends of Bucks and Montgomery Counties, held its thirteenth annual meeting October 19th, at Philadelphia, and elected the following officers: *President*, W. C. Powell, Bryn Mawr; *Vice-President*, W. Erwin, Holmesburg; *Secretary*, S. G. Godshall, Edge Hill; *Necrologist*, C. Weaver, Fox Chase; *Censors*, R. C. Allen, Frankford; C. Lewis, Holmesburg; J. B. Heritage, Langhorne.

CHICAGO, November 24, 1893.

ED. HAHNEMANNIAN MONTHLY:

At a meeting of the Faculty of the Chicago Homœopathic Medical College, held this afternoon at the office of Dr. J. H. Buffum, the following memorial resolutions were adopted:

WHEREAS, Our college faculty has again been touched by the ruthless hand of death, and Prof. W. F. Knoll, one of our most cherished associates, has been taken from us, and

WHEREAS, We desire affectionately to testify to his worth and to express our profound sorrow at our loss, and

WHEREAS, Prof. Knoll was bound to us as a college by the double tie of Alumnus and professor, therefore be it

Resolved, That as a medical student, an Alumnus and a professor, he was in each relationship deserving of our highest honor and our fondest pride.

Resolved, That we especially feel our loss because he was eminently progressive in his studies, able and respected as a teacher, successful both in his hospital and private practice, broad and liberal in his culture, warm-hearted and trustful in his friendships and gen-

erous and open-handed in his dealings with the world.

Resolved, That it is our firm belief, that had he been permitted to live out the allotted space of life, he would have stood high upon the list of great American surgeons.

Resolved, That his name shall be cherished by us so long as our college exists.

Resolved, That a copy of these resolutions, suitably engrossed, be sent to the bereaved family of the deceased, together with our sincere sympathy, and that copies be also sent to all of the prominent medical journals of our school.

Signed, JNO. W. STREETER, M.D.,
J. S. MITCHELL, M.D.,
ROBT. N. TOOKER, M.D.,
Committee.

SANITARIUM HOME, AIKEN, S. C.—We desire to call the attention of our readers to the fact that our late colleague, Prof. O. B. Gause, now of Aiken, S. C., has decided to open his house as a sanitarium home. We understand that his house is very favorably located, with unobstructed sunshine from south, east, and west. As he has but four rooms to spare for the purpose, a residence with him will be free from the objections inseparable from boarding-house life. Home comforts, social and otherwise, with his personal observation and care are the special inducements he offers.

PERSONAL.—Dr. James C. Wood has removed from Ann Arbor, Mich., to 122 Euclid Avenue, Cleveland, O., and will hold himself in readiness for operative or consultation work in gynecology and abdominal surgery only.

Dr. C. Holmes McNeil has removed to 634 Palisade Avenue, Jersey City, N. J.

Dr. A. P. Williamson announces that he has removed his offices to the Dayton Building, 602 Nicollet Avenue, Minneapolis, Minn.

Dr. W. J. Richey has removed from Oil City to Warren, Pa., and has opened his office at 326 Water Street.

Dr. Walter B. Winchell has removed to 137 Berkeley Place, Brooklyn.

ERRATUM.—In our last issue, through an error in reading the proof of the advertisement of the Chloride of Silver Battery Co., we made it appear that 44 cents in stamps should be sent to secure one of their new, finely illustrated catalogues. Four cents is all that is required to obtain this very complete catalogue and price-list.

THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

FEBRUARY, 1894.

CONTENTS:

	PAGE
International Clinics. The Lungs—Fox.....	17
Vierordt's Medical Diagnosis. Saunders' Question Compend. International Medical Annual. How to Use the Forceps—Landis. A System of Legal Medicine—Hamilton and Godin. Vick's Floral Guide. A Practical Treatise on Nervous Exhaustion—Beard.....	18
Essentials in the Practice of Medicine—Morris. Pamphlets. Lehigh Valley Homœopathic Society.....	19
Homœopathic Medical Society of the County of Philadelphia (Dec.) Pennsylvania State Medical Examiners. Kings County, N. Y., Society.....	20
St. Louis Homœopathic Medical Society.....	22
Albany County Homœopathic Society. International Medical Congress.....	24
Homœopathic Medical Society of the County of Philadelphia (Jan.) An Absurd Vaccine Position.....	25
Syracuse Homœopathic Medical Society. Eminent Deaths by Chloral.....	26
Rhode Island Homœopathic Medical Society.....	27
Central Iowa Homœopathic Medical Society. Broome County Homœopathic Society.....	28
Maryland Homœopathic Hospital. Southern Journal of Homœopathy. Rhode Island Homœopathic Hospital. Reception to Honor of Prof. James. Chicago Notes.....	29
Personals. A Splintering of the Bag of Waters.....	30
Cleveland Homœopathic Hospital. The Largest Vesical Calculus. Rochester Hahnemannian Society. Lowell, Mass., Hahnemann Club. Erie County Homœopathic Medical Society. North American Journal of Homœopathy... 31	
Northeastern Pennsylvania Homœopathic Medical Society. Boston Homœopathic Medical Society. Women's Homœopathic Hospital, Philadelphia. The Medical Century. Saginaw Valley Homœopathic Medical Association. Florida State Board of Medical Examiners. Western New York Homœopathic Society.....	32

INTERNATIONAL CLINICS: A Quarterly of Clinical Lectures. Vol. III., third series. Philadelphia: J. B. Lippincott Co., 1893.

This number of *The Clinics* contains articles on "Pernicious Anæmia," by G. A. Gibson; "Myxœdema," by A. T. Davies; "Diabetes," by W. B. Canfield; "Treatment of Asthma," by Alex. Haig; "Tubercular Phthisis," by Norman Bridge; "Blood-spitting," by Thos. Oliver; "Climatic Treatment of Phthisis," by T. J. Mays; "Gastric Ulcer," by Jas. Tyson; "Edema," by I. E. Atkinson; "Acute and Chronic Nephritis," by W. H. Porter; "The Nature of Epilepsy," by J. Wallace Anderson; "Cranial and Branchial Paralysis," by Chas. K. Mills; "Locomotor Ataxia," by Chas. E. Beevor; "Hysterical Trembling," by J. C. Shaw; "Traumatic Neuroses," by B. Sachs; "Syringomyelia," by Wharton Sinkler; "Empyema," by J. F. Goodhart, and a number of other clinical lectures on surgical, gynæcological and other special branches of medical science. We have praise for the volume, but offer a criticism on the style of Dr. Porter's lecture on nephritis, a style

decidedly out of place in such a volume. The sentences are cumbersome and involved, reminding one of the very heavy, cumbrous style so common among the Germans. This defect is made more obtrusive by comparison with the work of the other contributors.

THE LUNGS: Basic Principles for their Healing and Development. By J. J. Fox, M.D. New York: C. T. Hurlburt & Co., 1893.

This is a much needed work, and it fills well a niche too long neglected. We thoroughly agree with the author that physicians do not, in fact, cannot, give their patients the specific and detailed attention that is absolutely necessary for successfully combating the earlier stages of consumption. With this book we are enabled to go a step beyond the "expert opinion," which, like drugs, is simply valuable so far as it goes, and by putting it into the hands of every case of "incipiency" and insisting that its experiments shall be lived up to, we will supply them with those clear and definite instructions so essential for the successful healing and development of the lungs.

VIERORDT'S MEDICAL DIAGNOSIS: A Clinical Text-book of Medical Diagnosis for Physicians and Students based on the Most Recent Methods of Examination. By Oswald Vierordt, M.D. Philadelphia: W. B. Saunders, 1894.

The reception given by the profession to Vierordt's *Medical Diagnosis* has been of that successful character that only true merit can command. In a very few months the work has gone through three English editions, practically four, it having been printed four times, and it is now published in German, English, Russian and Italian, with a Spanish edition preparing. The volume before us is practically the same issued a few months ago. It is typically clinical, on a thoroughly practical basis, and is up to date on all points. In the future, as in the past, it will commend itself to all thoughtful, reading members of the profession as an important contribution to the literature of medical diagnosis.

SAUNDERS' QUESTION-COMPENDS. Double number, Nos. 8 and 9. Price, \$2.00. Philadelphia: W. B. Saunders, 925 Walnut Street, 1894.

Saunders' compends are all a great help to students. They enable the student to grasp and retain the essential facts in medicine; that they are appreciated is evident by the frequent calls for new editions.

ANNOUNCEMENT.—E. B. Treat, publisher, New York, has in press for early publication the 1894 *International Medical Annual*, being the twelfth yearly issue of this eminently useful work. Since the first issue of this one-volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of forty-one distinguished specialists, selected from the most eminent physicians and surgeons of America, England and the Continent. It will contain complete reports of the progress of Medical Science in all parts of the world, together with a large number of original articles and reviews on subjects with which the authors' names are especially associated. In short, the design of the book is, while not neglecting the specialist, to bring the general practitioner into direct communication with those who are advancing the science of medicine, so that he may be furnished with all that is worthy of preserva-

tion as reliable aids in his daily work. Illustrations in black and colors will be consistently used wherever helpful in elucidating the text. Altogether it makes a most useful, if not absolutely indispensable, investment for the medical practitioner. While the book will be so much improved over previous issues, the price will remain the same as heretofore, \$2.75.

HOW TO USE THE FORCEPS; WITH an Account of the Female Pelvis and of the Mechanism of Delivery. By Henry G. Landis, A.M., M.D. Revised and enlarged by Charles H. Bushong, M.D. Illustrated. Price \$1.75. New York: E. B. Treat, 1894. This work is based upon the work of Dr. H. G. Landis appearing in *The American Journal of Medical Sciences* for April, 1876. The editor has revised the work and brought it up to date. It is filled with useful information and is worthy of a thoughtful perusal.

ANNOUNCEMENT OF EARLY PUBLICATION, by E. R. Treat, New York. —**A SYSTEM OF LEGAL MEDICINE.** A complete work of reference for medical and legal practitioners. By Allan McLane Hamilton, M.D., of New York, and Lawrence Godkin, Esq., of the New York Bar, assisted by thirty collaborators of recognized ability. In two royal octavo volumes of about 700 pages each. Fully illustrated.

The great need of a standard American work on medical jurisprudence has long been felt, and this work gives abundant promise of being just what the medical and legal profession have so long wanted. Every department will be thoroughly and reliably treated.

VICK'S FLORAL GUIDE, 1894. Rochester, N. Y.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION. (Neurasthenia.) Its symptoms, nature, sequences, treatment. By George M. Beard, A.M., M.D. Edited with notes and additions, by A. D. Rockwell, A.M., M.D. Third edition, enlarged. Price \$2.75. New York: E. B. Treat, 5 Cooper Union, 1894. This well-known work from the house of E. B. Treat reaches deservedly its third edition. The last few years has added but little real information regarding the subject, but Dr. Rockwell has added to the value of this edition by contributing a short chapter "recapitulating some points in the ætiology and pathology of neurasthenia as developed by recent investigation."

ESSENTIALS IN THE PRACTICE OF MEDICINE: Arranged in the Form of Questions and Answers. Prepared especially for Students of Medicine. By Henry Morris, M.D., with a very complete appendix, on the Examination of Urine, by Lawrence Wolff, M.D. (Colored (Vogel) urine scale and numerous illustrations. Third edition, revised and enlarged by some three hundred essential formulæ. Collected and arranged by William M. Powell, M.D.

PAMPHLETS RECEIVED.

INTRODUCTORY TO THE FORTY-SIXTH ANNUAL COURSE OF INSTRUCTION in the Hahnemann Medical College of Philadelphia. By B. Frank Betts, M.D., Professor of Gynecology.

ON THE MICROBIC ORIGIN OF CHOREA. Report of a case with autopsy. By Charles L. Dana, A.M., M.D., New York City.

THE ERECTILE TISSUES—THEIR Physiology, Pathology and Treatment. By J. J. Caldwell, M.D., Baltimore, Md.

APPENDICITIS—A PERSONAL EXPERIENCE. By Howard Crutcher, M.D., Chicago, Ill.

FACTS, FADS AND FANCIES. PRESIDENT'S ADDRESS. By H. E. Beebe, M.D., Sidney, Ohio. Delivered before the Sixth Annual Session of the American Association of Official Surgeons, September 6, 1893.

SUPRA-VAGINAL HYSTERECTOMY, Without Ligature of the Cervix, in Operation for Uterine Fibroids. A New Method. By B. F. Baer, M.D., Philadelphia.

A SUPPLEMENTARY PAPER UPON SUPRA-VAGINAL HYSTERECTOMY by the New Method with Report of Additional Cases. By B. F. Baer, M.D., Philadelphia.

HOW SHALL WE MAKE OUR HOMES HEALTHY. By Benjamin J. Portugaloff, M.D., Translated from the Russian, Chicago, 1893.

AN ECONOMICAL SYSTEM OF SANITARY DRAINAGE for City and Country. By M. Nadein, Russian army service. Chicago, 1893.

THE VETERINARY MAGAZINE. A Journal for the Practitioner and for the Advancement of Comparative Medicine. Vol. I, No. 1, January 1894. Edited by Simon J. J. Harger, V.M.D., Leonard Pearson, V.M.D., Leo Breisacher, M.D., V.M.D., John W. Adams, V.M.D., with the co-operation of many members of the Medical Staff of the University of Pennsylvania. This is an ably edited journal in the interest of veterinary

medicine and if No. 1, Vol. I., is a guarantee of what is to come, it will immediately take front rank and become the standard with all veterinarians.

THE STRIKE AT SHANE'S. A sequel to *Black Beauty*. A Prize Story of Indiana. Written for, and revised, copyrighted, and published by the "American Humane Education Society." Price ten cents each. Boston; Geo. T. Angell, President. *The Strike at Shane's* is an interestingly written story of how the animals and birds on the farm of a grinding, thoughtlessly cruel farmer, brought him to a correct appreciation of their real value, by withdrawing their support and assistance, by exercising the right of human toilers and going on a strike. Any one who has read *Black Beauty* with pleasure and profit (and who has not) will thoroughly enjoy the lesson developed and taught in the pages of *The Strike at Shane's*.

"NIL DESPERANDUM." Published by The American Humane Education Society. Autobiographical Sketches and Personal Recollections. By Geo. T. Angell, President of The American Humane Education Society, the Massachusetts Society for the Prevention of Cruelty to Animals, and the Parent American Band of of Mercy, 19 Milk Street, Boston, 1894. Price by mail 10 cents.

The well known philanthropist and especial guardian of the animal kingdom needs no introduction to the civilized world. His name is a household word. Loving all, he is beloved by all, and his life of service is held in grateful appreciation by all—every thing enjoying the privilege of life. The history of such a life is always profitable reading and it is well that this volume has been put within the reach of every one.

LEHIGH VALLEY HOMŒOPATHIC SOCIETY.—At the annual meeting of the Lehigh Valley Homœopathic Society, held December 7th, at Allentown, the following officers were elected: President, Dr. Daniel Yoder, Catasauqua; Vice-President, Dr. W. A. Seibert, Easton; Secretary, Dr. E. D. Doolittle, Easton; Treasurer, Dr. W. A. Hassler, Allentown; Censors, Dr. David Yoder, Catasauqua; J. N. Lowe, Milford, N. J.; and Dr. J. H. Helfrich, Allentown.

The next meeting will be held at Slatington on the first Thursday in February.

Dr. Doolittle was the only representative present yesterday from Easton.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.—The regular monthly meeting of the Homœopathic Medical Society of the County of Philadelphia was held at the Hahnemann Medical College December 14, 1893, forty-five members being present. The minutes of the last meeting were read and approved. A communication from the Board of Health was read in which the Board gave the Society an invitation to present in person its views on the subject of the listing of tuberculosis among the contagious diseases. A motion was made and carried that the President appoint a committee to represent the Society before the Board of Health as per its invitation. Drs. P. Dudley, J. C. Morgan and J. C. Guernsey were appointed a committee to draft suitable resolutions on the death of Dr. James Wandell. They reported the following resolutions, which were adopted:

WHEREAS, This Society has learned of the decease of James Wandell, M.D., long enrolled on its list of membership, Therefore,

Resolved, That we hereby bear testimony to his high qualities as a physician and citizen, and our sorrow at his departure from among us.

Resolved, That our condolences be respectfully tendered to his family and friends.

Resolved, That these resolutions be forwarded to the HAHNEMANN MONTHLY for publication and that a copy be transmitted to the family of the departed.

The Bureau of Obstetrics presented for discussion a paper by Dr. T. L. Chase on "Treatment of Incomplete Abortion." Dr. J. C. Morgan also presented a volunteer paper on "An Old Remedy in a New Role in Obstetrics." The participants in the discussion which followed were—Drs. J. C. Guernsey, J. C. Morgan, P. Dudley, T. D. Clegg, R. E. Tomlin, Augustus Korndorfer, C. V. Vischer, T. H. Carmichael, E. B. Fanning, J. H. Reading, J. M. Caley, C. S. Middleton, and E. M. Gramm.

On motion adjourned.

EDWARD M. GRAMM, M.D.,

Secretary.

PENNSYLVANIA STATE MEDICAL EXAMINERS.—On January 17th Governor Pattison appointed the following State Medical Examiners under the act of May 18, 1893, the three schools of medicine being represented: Allopathic—H. G. McCormick, Williamsport, three years; Henry Beates, Jr.,

Philadelphia, three years; W. J. R. Kline, Greensburg, three years; A. H. Hulshizer, Philadelphia, two years; N. S. Foster, Pittsburg, two years; J. E. Silliman, Erie, one year; Samuel W. Latta, Philadelphia, one year.

Homœopathic—C. S. Middleton, Philadelphia, three years; Hugh Pitcairn, Harrisburg, three years; Isaac G. Smedley, Philadelphia, two years; Edward Cranch, Erie, two years; C. F. Bingamen, Pittsburg, two years; Augustus Korndorfer, Philadelphia, one year; J. F. Cooper, Allegheny, one year.

Eclectic—H. Yeagley, Lancaster, three years; Augustus Niles, Wellsboro, three years; L. B. Oneale, Mechanicsburg, three years; H. B. Piper, Tyrone, two years; J. R. Borland, Franklin, two years; W. H. Blake, Philadelphia, one year; A. B. Woodward, Tunkhannock, one year.

The act also established a Medical Council, consisting of the Lieutenant Governor, Attorney General, Secretary of Internal Affairs, Superintendent of Public Instruction, President of the State Board of Health, and Presidents of the three Boards of Examiners ap-to-day. The members of this Council receive no salary, except the secretary and treasurer, who will receive not over \$500. This Council will meet twice a year, and supervise the examinations of the State boards and issue licences to practice medicine and surgery. The expenses of the Boards of Examiners, it is provided, shall be paid from fees, and, if any surplus above expenses shall remain at the end of any year, it shall be apportioned among the Examiners pro rata, according to the number of candidates examined by each. The first meeting of the Examining Boards will be held on the first Tuesday of April.

THE THIRTY-SEVENTH ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF KINGS, was held in the rooms of the Franklin Literary Society, 44 Court Street, Brooklyn, on Tuesday evening, January 9, 1894, being called to order by the President, Dr. Baylies.

There were 29 members and 3 visitors present. The minutes of the previous meeting were read and approved, after which, the Secretary offered his annual report of the work done by the Society during the year 1893.

The Treasurer presented a report of the financial standing of the Society, which showed a balance of \$214.17 in the treasury.

Dr. Schenck moved that the Treasurer's report be referred to an Auditing Committee which was carried and Drs. Schenck, J. L. Moffat and Burnham were appointed such a committee.

Under "Report of Committees," Dr. Schenck, chairman of Committee on "Verification of Symptoms," presented a report, which was followed by the narration of a case by Dr. Hasbrouck, verifying symptoms of Arsenicum 3.

Dr. R. C. Moffat, Chairman of the Hahnemann Statue Committee reported that \$60.25 had been collected and forwarded to the Treasurer of the Hahnemann Statue Fund.

The resignation of Dr. H. P. Sage was then read and accepted after which, Dr. Willis gave notice of an Amendment to the Constitution.

Under "Election of Members," Dr. Fawcett of 196 Clermont Ave., was unanimously elected to membership.

The Auditing Committee reported Treasurer's report correct and it was accepted by the Society.

The Society then listened to the annual address by the President, Dr. B. L. B. Baylies.

By motion of Dr. Schenck, the President's Address was referred to a committee, consisting of Drs. Schenck, J. L. Moffat and Close.

"Election of Officers" was the next "Order of Business" taken up and the following were appointed the tellers—Drs. Hasbrouck, R. C. Moffat and H. M. Smith.

At the suggestion of Dr. Hasbrouck, Drs. Burnham, Robinson and Bonnell were appointed additional tellers. While the votes were being counted, the Society proceeded with business and Dr. Hasbrouck moved that the 5 persons receiving the highest number of votes for Censors and the 18 persons receiving the highest number of votes for Delegates, be declared elected. The motion was carried.

The Committee on the President's Address reported and Dr. Schenck moved that the recommendations be taken up *seriatim*. The motion was carried.

Recommendation 1. That the attention of the Society be drawn to the suggestion of the President that the chief aim of our Society is "to devote itself to the exposition of the *Materia Medica*, the study of the comparative symptomatology of the remedies and the demonstration of their therapeutic relations."

2. That the reports should illustrate the beneficent operation of the law, by showing the use of the single remedy in the least curative dose.

3. Upon the matter of vaccination, your committee recommends, that in view of the interest now felt in this important question, that the chairman of the Surgical Bureau be requested to have this matter properly presented by papers or discussion at the next meeting.

Dr. Hasbrouck, by motion, then offered, as a substitute to the third recommendation, the following minute, which was adopted:

"Without a desire at this time, to affirm or deny the statement made by some physicians, that the medicinal substance known as "Variolin," when internally administered, is protective or modifying in its relation to the poison of Variola, a majority of the members of the Homœopathic Medical Society of the County of Kings present at a regular meeting, held January 9, 1894, hereby place on record the opinion that such use of "Variola" is not necessarily allied to the practice of homœopathic medicine."

Dr. Hasbrouck then moved that the annual dues be \$2.00. The motion was carried.

Dr. Schenck moved that the President and Treasurer provide the Society with a reading desk before the next meeting. Motion carried.

Dr. Hasbrouck moved the adoption of the following amendment to the By-Laws, in place of Article XIII., as it now stands:

"All nominations for officers shall be made openly at the meeting next preceding the Annual Meeting, notice of which shall be given in the notice for the meeting." "Such nominations shall be referred to the Executive Committee to decide as to eligibility."

"The Secretary shall send to each member, with the notice of the Annual Meeting, a printed list of all nominations for office."

The amendment was adopted.

The tellers then reported on the result of the election and the following-named persons were declared elected.

President, Dr. Alton G. Warner; Vice-President, Dr. H. J. Pierron; Secretary, Dr. W. S. Rink; Treasurer, Dr. W. J. Hudson; Necrologist, Dr. Nathaniel Robinson; Censors, Drs. S. H. Willis, J. L. Moffat, E. Hasbrouck, H. D. Schenck and E. Chapin; Delegates to the State

Society, Drs. S. J. B. Given, R. L. Macfarland, E. M. Martin, Stuart Chase, F. H. Lutze, B. W. Bierbauer, W. W. Eusey, H. O. Rockefeller, H. E. Street, W. H. Aten, W. B. Breck, J. L. Cardozo, G. G. Van Mater, A. S. Brinkerhoff, K. D. Burnette, M. T. Hopper, H. J. Knapp, G. G. Bishop.

Speeches from Drs. Warner and Pierron were called for and each made a few remarks. Dr. Warner then moved that when we adjourn, we adjourn to meet the third Tuesday in February (20th.) The motion was carried.

There being no further business, the meeting was adjourned.

W. S. RINK, *Secretary*.

THE ST. LOUIS HOMEOPATHIC MEDICAL SOCIETY held a regular meeting December 16th in the Polytechnic building. President W. D. Morgan, M.D., presided, and Secretary F. D. Canfield, M.D., kept the minutes. After passing a resolution to pay their dues to the Library Association for the use of their room, notwithstanding that the library would soon become free, the paper of the evening, "The Nervous Symptoms and Other Complications of Epidemic Influenza or La Grippe," by J. Martine Kershaw, M.D., was taken up. Dr. Kershaw read his paper as follows:

"The treatment of pneumonia as a complication of influenza, improperly termed la grippe, is a serious matter. This disease, as I have seen it, is a dangerous malady. It overwhelms a comparatively strong individual with its suddenness and its severity, and in an hour it may be the strong man is taken to his bed as prostrated and helpless as though he had been sick for weeks. In a true case (and all so-called cases are not la grippe by any means) the nervous system is affected from the first, and the vitality greatly impaired. Pneumonia complicating or immediately following such a disease is more than ordinarily serious, because the patient has already passed through one conflict and is in poor condition to fight again. In the case of a little child Dr. Northrop recommends stripping it, putting it in a sheet—an improvised hammock—and dipping it in water of 100° Fahrenheit. I believe this is an excellent plan. He says: 'In this way I have seen the temperature of a child eight months old reduced from 108° F. per rectum, with continued convulsions, to 103° F. per rectum in four hours. Respiration became easy, the child slept and went on to good recovery.'

"I have always believed in hot baths and hot water in various ways, and for the same reason I believe in hot flaxseed poultices. Steam is also useful—it moistens the atmosphere, and, it is believed, prevents the secretions of the chest from becoming so thick and tenacious. Aconite, phosphorus, bryonia and antimonium tartaricum are excellent remedies. Ferri phosphoricum is also a good medicine. I had a very serious case of broncho-pneumonia in a little girl two years of age. I gave it the various well-known remedies, but the patient got rapidly worse. I prescribed hot flaxseed poultices, but the cough continued, and the temperature rose steadily. I had cloths wrung out in hot water applied, but no improvement followed. The temperature was now 107° Fahrenheit, the respiration 60 per minute and the pulse 150. The breathing was very labored, and the patient was becoming cyanotic. The Cheyne Stokes respiration was marked and atelectasis or collapse of the lung was evidently imminent.

"In cases of this kind, at the extremes of life—infancy and old age—the bronchioles, or capillary terminals of the bronchi, are particularly affected. The force of gravity causes the bronchi to fill up from the bottom, and, as cases near a fatal termination, plugs of thickened, tenacious mucus or mucopurulent matter are sucked in or pushed out with each inspiration or expiration, until finally the plug becomes immovable, and no air can pass it and reach the air-cells of the lungs. I believed my patient was rapidly reaching the condition above described, and the case was now so desperate that I determined to wrap the patient in cloths wrung out in ice-water. This was done immediately. The temperature began to drop, and in a few hours was only 101° Fahrenheit; but the cold greatly shocked the little patient, and the cough became more tight. As soon as the cold applications were taken off the temperature began to climb again, and rapidly, and now registered 107°. Every alarming symptom was now present, except convulsions, and the child's head was so thrown back and it rolled from side to side so constantly that I looked for them at any moment. The parents had now given up all hope and it certainly looked as though the child had not one chance in a thousand to live. As hopeless as it looked, I determined to try one more remedy. I dissolved ten grains of antifebrine in two-thirds of a glass of water. I told the nurse to give the child two teaspoonfuls

every hour until the temperature dropped to 103. She was then to stop and give bryonia every two hours. The temperature was taken every hour. In a short time the temperature had gone down to 103, and remained between 102 and 103 for five hours. It then began to rise again, when the antifebrine was given as before. The temperature now dropped to 101, and remained at that point for several hours. The child now began to improve in many respects. It stopped rolling its head when the temperature began to fall, the cough became less incessant, it began to have little quiet, restful naps, and in twenty-four hours it was improved in every way. From this time on the antifebrine was only given when the temperature was 101 or over; as soon as it dropped to 100 it was stopped and the bryonia taken up. That child recovered without a mental or physical flaw, and is a well, hearty child to-day and the wonder of the neighborhood in which she lives. Antifebrine may have been only a palliative remedy. As such I have always used it; or it may have been a true curative medicine. However that may be, none of us know too much, and the best of us could live another lifetime and still have more to learn.

"As I see it, the plain duty of every physician is to relieve suffering and heal the sick. I believe it my duty to carefully study every remedy, old or new, that promises to help me to combat disease, and I do it every day carefully and cautiously. The incurable diseases of to-day will, in the near future, I believe, become amenable to treatment; and this is particularly so with regard to the nervous diseases of this rapid age, and indeed all other diseases with complications of a nervous character. Drugs of which we now know little or nothing will do much in this direction when we come to know their sphere of action and how to apply them; and this we can only know by careful study and investigation. The dose has a great deal to do with it, too—it may be little or it may be large—but it must be given to the patient as an individual, and according to the impressibility of his nervous system.

"Referring to the epidemic of la grippe of the past few years the climatologist says: "Insomnia was common. Insanity, permanent or transient, was encountered with relative frequency. Meningitis was not uncommon. Convulsions were rare, but loss of consciousness was occasionally encountered at the onset of attacks: hemiplegia and paralysis of

the arms and legs were observed in isolated cases; recovery was the rule, headache was common, vision was impaired, in some cases hearing was deranged, paræsthesiæ were observed in numerous cases. Neuritis was rather common: prostration and exhaustion were marked. The circulatory apparatus manifested symptoms indicative of want of nervous influence. In many cases death was due to heart failure. The various and varied manifestations seemed best explicable by a condition of vaso-motor paralysis dependent upon the presence of a microbe in the blood."

"According to my observations, insomnia was a pretty constant symptom. Attacks of unconsciousness were generally associated with severe attacks of cephalalgia of an active, congestive type. One-sided numbness I observed a number of times. Great prostration was always a marked symptom of all the types of the disease that I saw. There was a high temperature, great restlessness and intolerance of light and noise. The heart's action was augmented, and there was a disposition to syncope in many cases.

"I may say that belladonna relieved many of my cases, particularly those suffering from cephalalgia, photophobia, insomnia, numbness, tingling and functional hemiplegia. Rhus proved a good remedy when the patient suffered from great soreness, was restless and complained of numbness. Gelsemium followed the rhus well where there was great exhaustion and a malarial complication. Bryonia was called for to control the bronchitis present in most instances, and to meet the meningeal symptoms sometimes observed. Profound exhaustion with a slow pulse I always treated with digitalis. China I have found a useful remedy where the patient was anæmic, with little appetite, and where the recovery was tardy and tedious. Stimulants in the form of champagne, wine, brandy or whisky I exhibited as indicated. Good nourishing food was as necessary in many cases as medicine; for most of the subjects of la grippe were run down in a nervous way before taking to bed, and having little appetite, and a weak heart, were in a poor condition to resist any disease of a serious character."

Dr. T. Griswold Comstock inquired as to the nature of pneumonia, and was invited to address the society himself upon that question. He stated in substance that it had formerly been supposed that pneumonia was an inflammation of the lungs and it was so

taught. It had been termed lung fever, or winter fever. It had been demonstrated, however, that it was not a local disease but was an infection of bacilli or microbes. The microbes were invariably found in diseased lungs, and probably the same existed in la grippe. Pneumonia is peculiar in that it is more frequently found in the cities than in the country and attacks old residents oftener than newcomers. It is not confined to cold weather, but is most prevalent at the times when seasons change. There are several kinds of pneumonia which were taken up in turn. Among these is pathomegetic pneumonia, which arises from malarial influences and is contagious. The best method of treatment, the speaker thought, was the German one of Brand in applying ice bags or applications of cold water to the chest of the patient. He did not believe in antifebrine or antipyrene on account of its tendency to reduce temperature by acting as a depressant, with consequent danger of heart failure. He favored oxygen inhalations, and in certain cases the use of sulphur. He had always been in favor, also, of the use of alcohol, but was aware that a very strong opposition was arising against it. The discussion became general and several interesting cases of treatment were related, after which the meeting adjourned.

ALBANY COUNTY HOMŒOPATHIC SOCIETY.—The annual meeting of the Albany Homœopathic Society was held at the office of Dr. Nead, No. 210 State street, Tuesday evening, January 9th.

The following officers were elected :

President, Dr. H. M. Paine ; Vice-President, Dr. G. E. Gorham ; Secretary and Treasurer, Dr. E. G. Cox ; Censors, Drs. H. M. Paine, Gorham and C. E. Jones. Delegates to the Homœopathic State Convention, Drs. Robinson, Van Loon, E. G. Cox, H. S. Paine ; Committee on Medical Legislation, Drs. H. M. Paine, W. F. Robinson and E. G. Cox.

Several resolutions were adopted by the society approving of the establishment of a National Bureau of Public Health, with homœopathic representation.

Another advocating a change in the present medical law, so as to provide for the teaching and examination of homœopathic students in all recognized systems of therapeutics and practice.

Advocating a change of the present law to provide for an advance of pre-

liminary educational requirements of medical students, to the standing now required by the law students.

Advocating such legislation for the restoration to the Board of Trustees of the several state hospitals for the insane, the power of supervision, and control of their respective institutions, and limiting the power of the Commission in Lunacy to visitation, inspection and presentation of a report annually to the Legislature.

Dr. Nead read a very interesting paper on "Official Surgery."

ELEVENTH INTERNATIONAL MEDICAL CONGRESS.—A letter directed to the undersigned by the Secretary-General of the Eleventh International Medical Congress and dated December 19, 1893, contains the following communications :

"American members will pay on the English, French and Italian railways single fares for double journeys, and will obtain a reduction of 20 per cent. on fares for Italian round-trip tickets.

"The documents required for their identification will be sent to you in January, and Americans intending to visit the Congress will have to apply to you for them.

"Full particulars concerning the journeys will accompany the documents.

"Messrs. Thos. Cook & Son, London, Paris, Rome and Naples, should be applied to for accommodation and for tickets for the excursions at Rome, Naples, and to Sicily. Such excursions will be arranged at Rome under the guidance of Mr. Forbes, member of several scientific societies and correspondent of the *Times*, for Naples, three days, including Vesuvius, Pompeii, Capri, Sorrento, Castellamare, Bajae, etc.—for Sicily, ten days from Naples, including Messina, Taormina, Catania, Girgenti, Siracusa, Palermo, and return to Naples.

"The fares for members of the Congress, will be considerably reduced and comprise hotel accommodations, carriages, guides, boats, etc.—about 70 francs each, for the three days, and 285 francs for the ten days.

"Full particulars concerning these excursions will be contained in a leaflet to be added to the instructions and documents for the journey."

From former communications the following are herewith quoted : The members' fee is five dollars, that of their wives or adult relations two dollars each. Checks or money orders may be sent to Prof. L. Pagliani, Rome, Italy. Credentials have been

promised in the near future. When they arrive (none were received last year), they may be too late for many who have started, or are about to start. The undersigned, who is not informed of the cause of delay, proposes to supply in as official a form as he thinks he is justified in doing, credentials which are expected to be of some practical value. The North German Lloyd has promised to recognize them. It is suggested, besides, that a passport may increase the traveller's facilities.

Only the North German Lloyd (22 Bowling Green) and the Compagnie Générale Transatlantique (3 Bowling Green) have thought fit to grant any reductions to Congressists.

The reductions on Italian railways are available from March 1st to April 30th.

A. JACOBI, M.D.,

110 W. 34th St., New York.
January 11, 1894.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.—

The regular monthly meeting of the Homœopathic Medical Society of the County of Philadelphia was held at the Hahnemann Medical College, Jan. 8th, thirty members being present. The minutes of the last meeting were read and approved. Drs. S. G. Godshall and John J. Wheelan were elected to membership. Dr. Urania Tyrell made application for membership. The Bureau of Ophthalmology presented a paper by Dr. C. M. Thomas on "Vertigo, in Connection with Ocular and Oral Diseases," which was discussed by Drs. F. W. Messerve, J. C. Morgan and E. H. Kase.

On motion adjourned.

EDWARD M. GRAMM, *Secretary*.

AN ABSURD VACCINE POSITION.—In the *Chicago Tribune* of Jan. 8th appeared a column and a half article of a talk by Dr. H. C. Allen, Dean of the Hering School, Chicago, on the *virtues of vaccine*. After a historical rehash of inoculation and vaccination, and statistics showing the failure of vaccination to protect from an attack of small-pox. Dr. Allen goes on to state, "for the last ten or fifteen years many homœopathic physicians in the United States have used the potentized virus, prepared as all homœopathic potencies are, both in the treatment of small-pox and as a protective measure by vaccination. The potentized virus is used on the arm in the same way as the crude vaccine virus is, and at the same time is given internally as we give belladonna or sulphur to prevent scarlatina, or the similar remedy when the genus epidemicus is found to pro-

tect from or modify the effect of any epidemic, even yellow fever and Asiatic cholera. This method, of course, may be novel to those who have not investigated it, but to those who have put it into actual practice far better results are claimed and that without danger. The effect when the potentized virus is used in this way is, in some cases, a slight fever, as most patients have when vaccinated with crude virus, but the arm is rarely sore and never erysipelatous. The remedy is never used in tablets, as recently stated." If Dr. Allen is reported correctly, or not, a great injury has been done homœopathy. The above is not homœopathy, nor do homœopathic physicians so believe or practice. If this absurd method is followed by Dr. Allen and his friends that is their personal affair, but when he states that this method is being practised by 50 Chicago physicians and 300 in the United States, he is making a wild guess—which he cannot prove—and as he leaves us to infer that the balance of the 12,000 homœopathic physicians do not use this method the limit of his presumption is apparent when he stated that this is a homœopathic practice. In the issue of the *Tribune* for January 13, 1894, it was a relief to find the following:

ON SPURIOUS VACCINATION.

NASHVILLE, Tenn., Jan. 10th.—Editor of the *Tribune*.—In reading the *Tribune* of Jan. 8th. I came upon an article by Dr. H. C. Allen, Dean of the Hering Medical College, discussing the "Virtues of Vaccine," in which a method was set forth as being followed by "many homœopathic physicians in the United States," against which I desire to enter an earnest protest. That Dr. Allen and some others, who claim to be homœopaths, may be in the habit of trying to prevent the small-pox by the use of "the potentized virus" (vaccine) I do not question; but that "many" resort to such a method, comparing the number with those who do not, I must surely deny. I raise no objection to the practice of Dr. Allen and those of similar views. So far as I am concerned they are quite at liberty to take their own course in that, as in all other medical matters, in which and for the effects of which they alone are responsible. My protest is against his bringing before the public, in a daily newspaper, such a species of practice as a thing favored or largely followed in the homœopathic school.

Homœopathic physicians generally are well educated persons, not ignorant

of medical discoveries in all the departments of medicine and not unacquainted with matters of natural science and mechanics, so far as related to the art of healing. They know that the disease following vaccination, that may anticipate and prevent small-pox, is caused by the introduction of living germs, that in due time are reproduced in the virus of the vesicle and crust on the arm of the person vaccinated. Virus, in which the living germs have perished by fermentation or other cause, is not capable of producing vaccinia or the vaccine disease which prevents small-pox. It may generate erysipelas, blood poisoning, or a destructive inflammation, as sometimes witnessed. And the process of trituration or grinding in a mortar with some neutral substance or shaking in a bottle with alcohol so as to become "potentized virus" most effectually destroys the minute organisms upon the integrity and life of which all virtue depends.

This product, dead and disintegrated vaccine germs, put into the human arm could no more produce a disease that would substitute or prevent small-pox than a handful of superfine flour sown upon a field could yield a crop of wheat for a farmer. And the same "potentized virus," introduced by the mouth into the human body, is devoid of all power as a preventative of small-pox.

The homoeopathic school does not favor a practice so in violation of the plainest facts in ætiology, pathology, pharmacy, and therapeutics. With some exceptions, it adheres to the method introduced by Jenner, and has confidence in it for the prevention or modification of the small-pox. For myself, I must say that, after a medical experience of more than forty years, in attendance not infrequently upon cases of small-pox, I must bear witness to the great value and importance of cow-pox vaccination and say that I have never known anything to compare with it as a substitute.

J. P. DAKE, M.D.

Tellone, Jan. 13th.

THE SYRACUSE HOMOEOPATHIC MEDICAL SOCIETY met on Tuesday afternoon, December 19th. Dr. Hallock, chairman of the bureau of gynecology reported "Uterine Fibroid Tumors." Dr. Lukens read an exhaustive paper on the pathology, symptoms and diagnosis of these cases. He was followed by Dr. Sheldon with an essay on the medical treatment. In this he emphasized the importance of first employing medical means before resorting to surgical interfer-

ence. Then Dr. Hallock presented a paper on the surgical treatment. He spoke at length on the different methods of using electricity, and considered the other surgical means which have proved successful in his practice. The discussion that followed the presentation of papers was participated in by Drs. Candee, Du Bois, Stephens and Sherwood.

EMINENT DEATHS BY CHLORAL.—Dr. T. Griswold Comstock, St. Louis, Mo., writes the following: "It seems to be a remarkable coincidence, at this day of great advances in medicine, that the well-known English scientist, Professor Tyndall, and the late Emperor of France, Napoleon III., should have both succumbed to the incautious use of chloral. Tyndall was not only a scientist, he was versed in medicine. Why should so learned a man in England have been so injudicious and reckless as to have selected chloral as a hypnotic? From the reports of the case he seems to have been habituated to its use, as it was his custom to take a dose every night, at bed-time, to relieve his insomnia. We can scarcely believe that the profession in London should have been unmindful—not to say ignorant—of the insidious dangers of chloral. We accept it as a fact that so distinguished a man as Tyndall would only take chloral on the advice of his family physician. When chloral was first introduced into this country (the discovery of Dr. Lebreicht, of Berlin) it was at once employed by the profession as a hypnotic. A large experience has proved it to be a drug having its appropriate place in therapeutics, but its use has been followed by so many accidents and deaths that the profession now regard it with suspicion and employ it seldom and only with many precautions. As one of the antidotes for strychnine it is recommended: and the reverse is true, that the tonic effect of small doses of strychnine will alleviate the toxic effects of chloral. Chloral contracts the pulse, and in larger doses depresses the heart's action and materially lessens the respiration, with heart failure, finally ending in profound narcotism. If there is found to be any atheromatous condition of the arteries or fatty degeneration of the heart or tissues, such as a man of Tyndall's age might be liable to have, chloral would be a dangerous agent, and positively contraindicated.

"With all these facts well known to every qualified medical man, two such illustrious personages as Tyndall and Louis Napoleon III. have been fatally poisoned and sent to their eternal sleep

by chloral. The death of Napoleon, in 1871, was supposed at the time to have been the result of a surgical operation, and the real facts in the case have been suppressed from the public as well as from the medical profession. But this fact is now demonstrated to me. It is well known that Dr. Thos. W. Evans, the celebrated American dentist of Paris, assisted the Empress Eugenie to escape from Paris during the late war with Germany. Dr. E. informed the writer of this, that he intends after a proper time to publish all the facts incident to the death of Napoleon III. at Chiselhurst. I have not only the authority of Dr. Evans, but also the statement of Dr. Gage, of London, in saying that Napoleon did not die from the shock of a surgical operation, but from a dose of chloral administered two days after the operation. Louis Napoleon began to complain early in 1870, and was in failing health at the commencement of the war with Germany, but although his French medical advisers stated that he had some kidney or similar affection, they never accurately recognized or made known the exact nature of his malady. At the time of the battle of Sedan, and when he was captured, he was suffering most intensely, and the cause of his suffering (which was then unknown) proved to have been 'a fit of stone.' Not until his arrival in London, and at his residence at Chiselhurst, after consulting Sir Henry Thompson, was the true diagnosis of his ailment made known. By a careful examination of the patient, and soundly, the existence of a stone in the bladder was diagnosticated. The operation of lithotomy was advised, and it was made by Sir Henry Thompson on the 10th of January, 1873, and, with the assistance of several physicians, the calculus was removed. The Emperor endured the operation well and reacted satisfactorily, and joy reigned within the imperial household. Everything looked favorable. On the day following the operation his temperature was normal, and he took nourishment with a relish and was full of hope and in the best of spirits. Sir Henry Thompson regarded him as being in no danger. Napoleon's son, Prince Louis, who was then a pupil at Woolwich, was at home during the operation, but returned to school the next day after the operation, as the whole outlook was decidedly hopeful.

"In England it is the custom, when a surgical operation is necessary, for the surgeon to make the operation, but for the attending physicians to make all the prescriptions. Sir Wm.

Gull was the Emperor's physician, and, on the evening of the 12th of January, the second day after the operation, a dose of chloral was ordered. The Emperor objected to taking it, and even absolutely refused to do so, because a dose of it had been given him the evening previous, and, although it produced sleep, it left him with such a feeling of oppression and malaise, that he remarked in a common sense way that as he was doing well and suffering no especial pain, he did not think another dose was required. (If the suggestions of the imperial patient himself had been followed it might not have been so well politically for the peace of Europe.) The eminent Sir Wm. Gull insisted that the medicine should be taken, and the Empress was appealed to to advise the Emperor to obey his doctor. Through her persuasions the Emperor yielded, and the dose was swallowed. The action of the chloral upon Napoleon was to produce great depression, followed by a profound euthanasia that ended in an eternal sleep—the sleep of death. Sir. Wm. Gull, so well known as the court physician of Queen Victoria and the Prince of Wales, has passed away, but Sir Henry Thompson still lives, and the surgeon who successfully removed the calculus was not responsible for Napoleon's fatal sleep. After Napoleon's sudden death there was, as if by a consensus of agreement, little said in the London medical journals about it, and no official report of the autopsy was ever given. This action was resolved upon out of respect to the feelings of the sadly afflicted and ill-fated Empress, whose many disappointments in this life have been truly overwhelming.

"In Professor Tyndall's case an overdose of chloral was administered by his wife, but from what the public now know we hope that death by chloral may never again claim any more such illustrious examples as a Tyndall or a Napoleon."

RHODE ISLAND HOMŒOPATHIC MEDICAL SOCIETY.—This society commemorated its 44th anniversary at the Narragansett Hotel December 12th. The President, Dr. Whitmarsh, occupied the chair. This being the off year, the officers of the preceding year were re-elected by the single ballot of the Secretary, as follows: President, Henry A. Whitmarsh, M.D.; Vice President, Robert G. Reed, M.D., of Woonsocket; Secretary, L. D. Lippitt, M.D., of Olneyville; Treasurer, T. H. Shipman, M.D.; Censors, Charles Hayes,

M.D., Mary D. M. Matthews, M.D., and Charles A. Barnard, M.D., of Centerdale.

Although the treasury was found to be in a satisfactory condition, a vote was taken directing the proper officer to enforce the by-laws relating to fees. The President's address treated naturally enough of surgical matters, the rise of antiseptics and its superseding by asepsis, the demonstration of the importance of cleanliness in all operations, the influence of the discovery of the microbic nature of tuberculosis upon operative treatment and the possible results of an apprehended similar cause of cancer; the origin or the proverb, "There is no surgery in the homœopathic school," and the manner in which the saying has been measurably disproved, concluding with an earnest appeal to his auditors to encourage any tendency in their students to devote especial attention to this most brilliant department of medical art.

In singular accord with this address was the first paper by Leslie A. Phillips, M.D., of Boston on the "Sphere of Official Surgery or the American Operation," as it is generally designated abroad as well as at home. This was strictly technical in character. The discussion was to have been opened by Waldo H. Stone, M.D., but as he was prevented from attending by illness the duty fell to Dr. Peck, who, while disclaiming all surgical ability, claimed to have a few definite ideas upon that subject, and gave a succinct account of the manner in which the originator of this measure, E. H. Pratt, M.D., of the Chicago Homœopathic College, fought his way to recognition and endorsement in the national society. The subject was further discussed, but in a technical manner, by Drs. F. W. Elliot and F. C. Richardson of Boston, A. W. Bailey of Atlantic City, President of the New Jersey Society, and Charles R. Hunt of New Bedford.

The second paper was by Robert Hall, M.D., of this city, on the "Constriction of the Female Body," and graphically delineated the evils resulting from the binding of its several portions. The paper was discussed by Drs. I. W. Savin and Whitmarsh. Dr. Peck presented a minute, which was ordered to be spread on the records, on the death of E. W. Jones, M.D., of Taunton.

Adjournment was then had to the dining hall, after which addresses were made on Brown University and its relations to higher education, by

Prof. I. J. Manatt; on the present condition of our public schools, by the President of the school committee, Mr. Walter H. Barney, and on the Rhode Island Homœopathic Hospital, by its President, Mr. Charles E. Carpenter.

THE CENTRAL IOWA HOMŒOPATHIC MEDICAL SOCIETY was in session December 28th in the lecture room of the Homœopathic Hospital, Iowa City. The society is composed of homœopathic physicians from Johnson, Muscatine, Linn, Iowa, Benton, Blackhawk, Jones and Dubuque counties. There were about thirty-five members and visitors present at the morning session. The forenoon was consumed in a business meeting and a general discussion of clinics, after which the meeting adjourned to the Hotel St. James, where the visiting physicians were entertained in a most hospitable manner by the resident members of the society. In the afternoon Dr. Gilchrist opened the meeting by a very able paper on "The Repair of the Nerve Lesions." After a general discussion of this paper, in which most of the members present took part, Dr. Newberry read a paper on "Distortion of the Lens." The paper showed deep study and close observation, and was listened to with deep interest.

Reports and discussions on prevailing diseases were continued until the hour of 4 o'clock, when the society adjourned to meet at Cedar Rapids, July 30, 1894. The following officers were elected: President, Dr. T. L. Hazard, Iowa City; Secretary, Dr. C. E. Walters, Cedar Rapids.

THE BROOME COUNTY HOMŒOPATHIC MEDICAL SOCIETY held its regular monthly meeting at the Arlington, Binghamton, N. Y., December 20th. It was a profitable and well attended session, and the papers presented were of more than usual interest.

Dr. Bailey's paper was thoughtfully written and very practical. Dr. Snyder presented the "Conservative Management of Salpingitis," and was ably assisted in the discussion by Drs. Proctor and Leonard. In closing the programme Dr. Fiske reported an interesting case of diphtheria, which was followed by an animated discussion on the diagnosis and treatment of the disorder.

The question of admitting typhoid fever cases into the city hospitals was brought up. On discussion it was decided that if a ward could be set apart for them it would be advisable to admit them.

The society adjourned for one month, when the second of its series of quarterly sessions will be held.

MARYLAND HOMŒOPATHIC HOSPITAL, BALTIMORE.—The committee of ladies formed to organize a united homœopathic hospital work in Baltimore, met January 10th, at the residence of Mrs. E. S. Morris, 43 West Preston Street. It was decided to call a meeting of prominent business men to discuss the project, and plans were also made for a public meeting. The ladies are forming a board of managers and appointing committees and they feel confident that their plans can be put into successful operation if they can secure the co-operation of professional and non-professional homœopaths in Baltimore.

A new home for the Maryland Homœopathic Hospital has been secured in the old mansion of Levi Z. Condon, in Northwest Baltimore. The directors, who made the purchase of the property, are Levi Z. Condon, Aubrey Pearre, G. A. Dobler, John Van Meter, Charles P. Plackburn and F. W. Shultz. The building which is at present the hospital, Paca Street, between Saratoga and Mulberry Streets, will be used as the administration building. The property secured by the directors consists of two acres of ground, with a double dwelling. To this a wing will be added containing wards for fifty-three beds, with private rooms and an operating amphitheatre. The addition is to cost \$10,000.

THE SOUTHERN JOURNAL OF HOMŒOPATHY, under the care of Drs. Price and Chandler, so ably fills the requirements of a Southern journal that a new journalistic venture in Texas seems absurd. Dr. Fisher, with all his enthusiasm and pluck—even combining with New Orleans—was not able to keep his journal afloat. And a new effort born of opposition to Dr. Price's practical, common-sense advocacy of the State Examining Board system is sure to result in failure.

RHODE ISLAND HOMŒOPATHIC HOSPITAL.—The eighth annual meeting of the Rhode Island Homœopathic Hospital Corporation was held at No. 20 Market Square, Providence, R. I., December 14th. President Charles E. Carpenter was in the chair. In the annual report the trustees stated that during the prosperous year just concluded a new ward had been erected free from debt at the cost of \$2,000. This new ward added greatly to the facilities of the hospital and is a valuable adjunct. The contributions

were not so great as in former years, yet the hospital is in a most prosperous condition. The report of the medical and surgical staff showed the total number of patients in the year to have been 166. During the year 75 surgical patients were received, 55 medical and 16 infirm. Of these patients 180 were gratuitously treated, 155 were received at reduced rates and 306 paid their bills in full. The total receipts for the year as shown by the Treasurer's report were \$11,832.57, expenses \$10,847.62, leaving a balance in the treasury of \$984.95.

These reports were followed by the annual election of officers for the ensuing year: President, Charles E. Carpenter; Vice-Presidents, Isaac H. Southwick, William C. Greene, and Thomas W. Chase; Secretary, Charles A. Barnard, M.D.; Treasurer, William A. Spicer, Gilbert A. Philips and Albert C. Day were added to the list of trustees and Walter H. Barney was made a member of the corporation. The meeting then adjourned.

RECEPTION IN HONOR OF PROF. JAMES.—A complimentary reception was tendered to Professor John E. James, of Hahnemann College, Philadelphia, by the hospital and surgical staff, January 18th, in honor of his 50th birthday.

The banqueting room was elaborately decorated with palms, tropical plants, choice flowers and festoonings of evergreens. Dr. Carl V. Vischer presided, and addresses were made by Professor A. R. Thomas, the dean of the college, Dr. August Korndorfer, Dr. I. G. Smedley and Dr. Desiderio Roman, senior resident surgeon. To the toast, "Our Hospital," Dr. W. B. Van Lennep responded.

Among those present were Drs. C. S. Middleton, B. Frank Betts, C. M. Thomas, L. W. Thompson, W. H. H. Neville, T. H. Dunning, P. Dudley, H. L. Northrop, W. H. Middleton, J. W. Hassler, W. W. Trinkle, A. Stewart, G. A. Kubnell, W. Cullen, B. K. Wilbur and J. E. Waaser.

CHICAGO NOTES.—The annual charity Ball has occurred and for the first time since its inauguration, the Hahnemann Hospital has been recognized and has been placed upon the list of beneficiaries. The proceeds amounted to fifteen thousand dollars, and Hahnemann expects about one-tenth of that amount. The new Hospital building has been delayed unavoidably on account of the hard times, but now is rapidly nearing completion. The woodworkers and painters are in possession.

The new College Building has been in possession of the Faculty and students throughout the year has been very acceptable. By the addition of its extra lecture rooms, laboratories, library, reading room, lounging rooms and restaurant, and above all by the several rooms in connection with the dispensary, we are enabled to do more and better work, both for patients and students.

Dr. E. S. Bailey for ten years Registrar of the College, has resigned. Resolutions of hearty commendation and appreciation were unanimously passed by the Faculty. His work has been untold, but efficient. He still retains his usual position as Professor of Diseases of Women.

N. J. P. Cobb has been elected Registrar.

Dr. Sheldon Leavitt of "Old Hahnemann" has recently performed a successful symphyseotomy,—the only one done in the west, I believe,—at least in the homœopathic school.

It thus adds to the name of his college and of himself. For report see *Clinique*, December 1893.

THE faculty and students of the Chicago Homœopathic Medical College held a memorial service in honor of the deceased members of the faculty, Dr. Henry M. Hobart and Dr. Walter F. Knoll at the college, corner of Wood and York Streets, on Sunday afternoon, December 3d, at half-past two o'clock.

ED. HAHNEMANNIAN MONTHLY.—The following resolutions were passed by the Homœopathic Staff of Cook County Hospital upon the death of Dr. Walter F. Knoll.

WHEREAS, It has pleased the all-ruling Providence to remove by death our associate and co-laborer of the Medical Staff of Cook County Hospital, Walter F. Knoll, M.D., and

WHEREAS, His services, covering a period of five years, in the capacity of attending surgeon, have been exceptionally able and efficient,

Resolved, That we, his colleagues of the Hospital Staff, deploring our loss, desire hereby to recognize the deeper affliction of his surviving family in this event: to extend to the bereaved wife assurance of our tenderest sympathy; and to put on record for his children a testimony of truest appreciation and sincere regret.

Resolved, That a copy of these resolutions be conveyed to the family of our lamented colleague, and given to the medical press for publication.

JOHN W. STREETER, M.D.,

WM. G. WILLARD, M.D.,

Committee.

PERSONALS.—Dr. Frank H. Widman, class of '93, Hahnemann, Philadelphia, has located at 1603 Dauphin Street, Philadelphia.

Dr. Wilbur J. Sheldon, class of '93, Pulte Medical College, has located at Springboro, Pa.

Dr. Lincoln S. Brown, '93, Hahnemann, Chicago, has located at 5503 Monroe Ave., Hyde Park, Chicago.

L. Younghusband, M.D., LL.D., has been appointed a member of the Board of Health of the city of Detroit, Mich.

Dr. Joseph F. Hadley, B. U. S. M., 1882, formerly located in Waltham, Mass., of late at Denver, Col., died of phthisis January 8th. He was very popular and enjoyed a lucrative practice.

Drs. Van Lennep, C. M. Thomas, Jno. E. James and Aug. Korndorfer have all had a serious personal experience with La Grippe.

Dr. E. G. Whinna, 439 N. 41st., has recently been appointed District Physician of the 24th Ward of Philadelphia.

Dr. J. P. Dake of Nashville, Tenn.,—whose health has been below par for a year past, is now much better.

Aug. Korndorfer, M.D., Philadelphia reported on sick list—has fully recovered.

Dr. J. P. Dake, class 1851, Hahnemann Medical College of Philadelphia, was made an honorary member of the British Homœopathic Congress at its last meeting.

Dr. Charles Shewell Abbott, Class '92, Hahnemann, has been appointed Junior House Surgeon of the Massachusetts Homœopathic Hospital, Boston.

Dr. Wm. E. Foster, of Bay Shore, N. Y., has been appointed on the staff of the Ward's Island Hospital, and is also attending the New York Ophthalmic Hospital. Dr. H. L. Raymond, Class '92, N. Y. Hom. Med. College, has taken his place at Bay Shore.

A SPLINTERING OF THE BAG OF WATERS.—Dr. C.—the distinguished president of a well-known Medical Association in relating the harrowing tale of his first obstetrical experience stated "She was a large German woman in the second stage of labor, clinging to a rope tied around the foot-board. She was bearing down hard on the board with all the muscular strength and Teutonic spirit given her." The doctor was sitting, with considerable nerve agitation and a collar liquidating down his back, at the foot of the bedstead—suddenly to his overstrained ears and nerves there was a terrific crash and he found himself

deluged with splintered chunks of liquor annui—nervously, but with great presence of mind and true professional dignity he gasped. "Ah! don't be alarmed, the Bag of Waters has just burst." Later, with that rare discrimination vouchsafed alone to a second year's student, he revised his diagnosis, to splintered foot-board, an unusual complication of labor.

THE CLEVELAND HOMŒOPATHIC HOSPITAL and the Cleveland Homœopathic College of Medicine have been consolidated, and will hereafter be known as the Cleveland University of Medicine and Surgery. The merging of the two organizations will result in the management being controlled by one board of directors, but each institution will be under the supervision of a superintendent. No change in the staffs of physicians.

THE LARGEST VESICAL CALCULUS.—Editor HAHNEMANNIAN MONTHLY. —I was interested in Dr. Vischer's report, in your December issue, of the removal of a vesical calculus weighing ten ounces and sixty grains, which he declares is the largest ever removed entire, as far as the records show. I do not write in criticism, but to call attention to a "scientific" clipping made three months ago, which reads as follows: "The largest vesical calculus on record, weighing thirty-five ounces and measuring 5½ inches in greatest length, was recently taken from a patient in an Egyptian hospital. Complete recovery was followed by death from kidney disease in a few months."

The above was in the "Scientific Miscellany" prepared for and sent out to the press by E. R. Chadbourne, Lewiston, Me., and it is likely that any one interested in it may obtain the full particulars by writing to that gentleman for them.

W. B. CLARKE, M.D.

INDIANAPOLIS, IND.

ROCHESTER HAHNEMANNIAN SOCIETY.—At a regular meeting of the Rochester Hahnemannian Society, held at the residence of Dr. Brownell December 19th, the causes of the epidemics of diphtheria and scarlet fever, occurring at different places, were discussed.

Dr. Carr called attention to the necessity of thoroughly flushing the sewers, especially in dry seasons. Dr. Graus spoke of the sickness following the closure of the sewer opening by snow last year. The sewer gas collected in the sewers and found egress into the residences in spite of the traps.

Dr. Graham thought that not sufficient care was used by people in disposing of their garbage. Many threw it about their premises to rot in the spring and cause much sickness.

Dr. Carr said that the cause of a disastrous epidemic of scarlet fever at London was traced to night soil from London, dumped five or six miles to the windward of the place.

The following physicians were present: Drs. Brownell, Schmitt, Bamber, A. C. Hermance, Grant, Sayles, Carr, Graham, Howard, S. G. Hermance and Johnson, of Pittsford.

Dr. Johnson reported an interesting case from practice.

ANNUAL MEETING OF LOWELL, MASS., HAHNEMANN CLUB.—The annual meeting of Lowell Hahnemann Club was held Tuesday afternoon December 19th at the office of Dr. E. H. Parker. The following officers were elected for the ensuing year: President, Dr. C. H. Leland; Vice-President, Dr. F. A. Warner; Secretary, Dr. A. C. Reed; Treasurer, Dr. E. B. Holt. A very interesting paper was read by Dr. Holt on "The Value of the Thermometer in Diagnosis."

THE ERIE COUNTY HOMŒOPATHIC MEDICAL SOCIETY has elected the following officers for 1894: President, Dr. E. P. Hussey; Vice-President, Dr. Hadley; Secretary and Treasurer, Dr. F. Parke Lewis; Censors, Drs. N. Osborne, F. Parke Lewis, A. R. Wright, F. J. Martin, G. R. Stearns; Delegates to State Society, Drs. Osborne, Wright, F. P. Lewis, L. A. Bull and Wilcox.

THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY, under its able editor, Eugene H. Porter, M.D., and its manager, George W. Roberts, M.D., keeps on improving yearly. It starts 1894 with new type and considerable less waste space.

NORTHEASTERN PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY.—A special meeting of the Homœopathic Medical Society of Northeastern Pennsylvania was held at the residence of Dr. R. Murdock, 160 South Main Street, Scranton, Pa., Thursday, December 14th. Dr. Hillander called the session to order at 7.30 P.M. The object was to draft and draw up new by-laws for the coming new year. A lively discussion followed "The Diseases of the Mouth." It was shown that there were a great many more cases of la grippe in Wilkesbarre and Scranton than ever before. Among those present were Drs. Brooster, Baney, Schappert,

Sumett, of Scranton; Hill, of Tunkhannock; Miller, of Noxon; Johnson, of Pittston; Cool and Ayre, of Wilkes-barre.

THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY held its annual meeting January 4th, at the college building, East Concord Street. The election of officers resulted as follows; President, W. L. Jackson; Vice-Presidents, A. H. Powers, M.D.; Mary E. Mosher, M.D.; Recording Secretary, J. E. Briggs, M.D.; Prov. Secretary, F. P. Batchelder; Treasurer, M. W. Turner; Censor, W. J. Winn. Following the business meeting, at 8 o'clock, the scientific session held a meeting. A brief address was made by chairman Dr. J. H. Smith. Following this was an address by Prof. W. T. Sedgwick, Biologist of the State Board of Health, on recent investigations on the purification of public water supplies. This lecture was illustrated by the stereopticon. A social meeting and collation concluded the evening's exercises.

WOMEN'S HOMŒOPATHIC HOSPITAL, PHILADELPHIA.—The following report is made of the work of the Women's Homœopathic Hospital, Twentieth and Susquehanna avenue, for the month of December: New patients treated in clinic, 215; surgical, 87; eye and ear, 51; dental, 9; gynecological, 54; medical, 498; total visits of patients to clinics, 699; number of patients visited in homes, 62; number of out visits, 181; obstetrical cases, 9; surgical operations, 10; number of patients admitted to hospital, 29; patients discharged from hospital, 40; total number of patients in hospital during the month, 78.

THE MEDICAL CENTURY starts the new year fresh and vigorous as a semi-monthly. We congratulate Dr. Fisher on the success so far attained and hope there is lots more of the same in store for both journal and editor.

THE SAGINAW VALLEY HOMŒOPATHIC MEDICAL ASSOCIATION held its quarterly meeting, Tuesday afternoon, December 13th, at the office of Dr. N. R. Gilbert, Bay City, Mich. A large number of members as well as guests were present among whom were H. L. Obetz, dean of the homœopathic school of the University of Michigan, also Drs. Eggleston and Hunt, two professors of the same school. Papers were read by Drs. Dickinson, Copeland, Armstrong and Harvey Gilbert. The association was addressed by Dr. Obetz and Professor Eggleston. A banquet followed the meeting.

The following officers were elected for the ensuing year: President, Dr. R. M. Lewis, of Saginaw; First Vice-President, Dr. Harvey Gilbert, of Bay City; Second Vice-President, Dr. Louis H. Hallock, of Sebawaing; Secretary and Treasurer, Dr. Bina Hallock, of West Bay City; Board Censors, Drs. Loomis, Knapp and Dickinson, all of Bay City.

A SPECIAL MEETING OF THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY was held on Thursday evening, December 21st, at the College Building. The object of the meeting was the discussion of papers presented at the regular monthly gathering which, owing to insufficient time and great interest shown in the papers on *Materia Medica*, were in a measure somewhat slighted. The following papers were read and discussed:

"Homœopathic Usage of Certain Drugs by the 'Old School,'" by Mary F. Cushman, M.D.; "A *Materia Medica* Museum and Its Uses," by W. T. Talbot, M.D.; "Digest of a Study of Acetic Acid," by F. B. Percy, M.D.; "The Characteristic Action of Berberis and Belladonna upon the Kidneys," by J. Heber Smith, M.D.

Homer Clarke, M.D., of Wollaston, and Professor John A. Rockwell were elected to membership.

FLORIDA STATE BOARD OF MEDICAL EXAMINERS.—A meeting of the State Board of Homœopathic Medical Examiners was held December 28th at the office of Dr. P. E. Johnson, Jacksonville. Dr. Johnson and Dr. H. R. Stout were the only members present. The only business transacted was the examination of candidates, Dr. Williamson, of DeLand, and Dr. A. L. Cole, of Minnesota, being the only applicants. They both passed the examination.

WESTERN NEW YORK HOMŒOPATHIC SOCIETY.—About fifty members of the Western New York Homœopathic Medical Society attended its first meeting of 1894 at the Tift House, Buffalo, January 12th. Two sessions were held. Papers were read by Drs. DeWitt G. Wilcox, Buffalo; L. Bertram Hawley, Rochester; Asa S. Couch, Fredonia; George R. Stearns, Buffalo; Herbert W. Hoyt, Rochester; Emily F. Swett, Medina; Elmer J. Bissell, Rochester; Louis A. Bull, Buffalo; F. Park Lewis, Buffalo; S. George Hermance, Rochester.

DR. CLARENCE BARTLETT who has been suffering from the results of over-work has been recuperating at Old Point Comfort.

THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

MARCH, 1894.

CONTENTS:

	PAGE
American Text-book of Gynecology—Edited by Baldy. Students' Dictionary of Medicine and Allied Sciences—Duane.....	33
Biochemic System of Medicine—Carey. Treatment of Diseases of the Stomach and Intestines—Mathieu. Annals of the Universal Medical Sciences—Sajons. New Medical Directory. Diseases of Children and their Homœopathic Treatment—Tooker.....	34
Dr. Guernsey and the Guiding Symptoms. Pamphlets.....	35
Homœopathic Medical Society of the County of Philadelphia. Hahnemann Medical College of Philadelphia.....	36
Drides Vaccination System. Pennsylvania State Sanitary Convention.....	38
Death from Vaccination.....	40
An Absurd Vaccine Position.....	41
The Institute's Jubilee. Boston Homœopathic Medical Society.....	42
Denver, Colo., Homœopathic Club. Monroe County, N. Y., Homœopathic Medical Society. Essex County Homœopathic Medical Society.....	44
Western New York Homœopathic Society. The New Antidote to Morphine Poisoning.....	45
Married. New Orleans Homœopathic Association. Homœopathic Medical Society of the State of New York.....	46
Comment. Personals.....	48

AN AMERICAN TEXT-BOOK OF GYNECOLOGY, MEDICAL AND SURGICAL, for Practitioners and Students. By Henry T. Byford, J. M. Baldy, Edwin H. Cragin, J. H. Etheridge, Wm. Goodell, Howard A. Kelly, Florian Krug, E. E. Montgomery, Wm. R. Pryor and Geo. M. Tuttle. Edited by J. M. Baldy. Philadelphia: W. B. Saunders, 1894. I price, \$6.

This work by American authors has been constructed on the same plan as that of the popular American Text-book of Surgery, edited by Drs. White and Keen. The several authors assume responsibility for the entire work, which has been carefully scrutinized by them all. One of the strongest features of the book, to our mind, is the chapter devoted to examinations of cases. Unless skill in diagnostic technique is possessed by the gynecologist he must be a failure in practice. We commend this chapter as one invaluable to every reader, a chapter that of itself makes the book a necessity to all. The illustrations are excellent, indeed so realistic that we fear the wrath of Special Agent Comstock may be visited upon the head of the enterprising publisher.

As to the book, as a whole, we must

pronounce it a most excellent one, reflecting clearly the standard gynecological teachings of the day. The chapter on after treatment of operations is an innovation; one, too, that will be greatly appreciated by the practitioner.

THE STUDENTS' DICTIONARY OF MEDICINE AND THE ALLIED SCIENCES. By Alexander Duane, M.D. Philadelphia: Lea Brothers & Co., 1893.

This dictionary possesses several novel features. As is the case with all small medical dictionaries, words only in common use are presented, but scanning the definitions themselves we find these invariably full, in fact, descriptive. As aiding to clear conceptions of the words defined, great care is manifested in presenting their etymological derivations. As a help to those unacquainted with Greek, roots from that language are presented in ordinary type. Tables are freely used for the presentation of anatomical and other data best explained in this form.

The size of the book is convenient to the student, and its mechanical make-up excellent. Of the smaller dictionaries of medicine it ranks as the best.

THE BIOCHEMIC SYSTEM OF MEDICINE, comprising the Theory, Pathological Action, Therapeutical Application, Materia Medica and Repertory of Schuessler's Twelve Tissue Remedies. Written by George W. Carey, M.D. Price not given. St. Louis: F. August Luyties, 1894.

The author states that he questions the underlying principle of homœopathy, and then launches forth into Schuesslerism or biochemistry, as he selects to speak of his work—gags at homœopathy and swallows Schuesslerism. He acknowledges his indebtedness to Schuessler and Walker; credits different writers as quoted; and ignores the works in the same line by Boericke and Dewey. The book contains 664 pages, printed in good style on heavy paper. It is divided into four parts. The first is devoted to a general sketch of this system, with remarks on Health and Disease, Protoplasm, Cellular Pathology; Comparative Treatment: Biochemic, Homœopathic and Allopathic; Biochemistry and Homœopathy; Potencies. Part II. comprises the *Materia Medica* of the Twelve Tissue Remedies. Part III. gives the Therapeutical Application, with cases; and Part IV., The Repertory. The work is well gotten up, and gives evidences of painstaking care upon the part of both author and publisher.

TREATMENT OF THE DISEASES OF THE STOMACH AND INTESTINES. By Dr. Albert Mathieu, Physician to the Paris Hospitals (Medical Practitioners' Library). Price, \$2.50, cloth; flexible leather, gilt top, price \$3.25. New York: William Wood & Company, 1894.

The book is a general summary of the therapeutics of diseases of the stomach and intestines. It opens with a chapter on Diagnostic Technique that is valuable for reference; then Diet is considered. Part III. is devoted to the Treatment of the Principal Clinical Forms of Dyspepsia and of the Most Common Symptoms of Gastro-Intestinal Diseases, taking up hyperchlorhydria, nervomotor dyspepsia, dilatation of the stomach, treatment of the painful phenomena, vomiting, disorders of the appetite, constipation, diarrhœa, etc. Finally, Part IV. reviews the diseases of the Stomach and Intestines, covering nine chapters and an appendix of prescriptions. The work represents the modern ideas and advancement of the subjects.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES: A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by Charles E. Sajous, M.D., and seventy associate editors, assisted by over two hundred corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. In five volumes. Price, \$15 in cloth; \$20 in half morocco: The F. A. Davis Company, Publishers, Philadelphia, New York, Chicago and London, 1893.

To the worker in medicine this annual is indispensable. It is a reference book he must have, and having, he has at his command a complete resumé of the year's progress in medicine and its collateral branches. The writer impatiently awaits its appearance to confirm and increase his references. Its great value is being more apparent with each yearly arrival, and with increasing worth, annually, it deserves constantly increasing generous support. The magnitude of the work has presented almost insurmountable obstacles to the publishers, but with patience, persistence and courage it has been pushed to complete success, reflecting greatly to the credit of the enterprising house of The F. A. Davis Company.

NEW MEDICAL DIRECTORY.—George Kell, 1715 Willington Street, Philadelphia, announces the early publication (third edition) of the "Medical and Dental Register-Directory and Intelligencer," for the States of Pennsylvania, New York, New Jersey, Maryland and Delaware. It will present not only a complete list of all medical and dental practitioners in the States named, with place and date of graduation, but also lists of professional educational institutions, hospitals, societies, etc.: and will be of much practical value to all members of these professions.

ANNOUNCEMENT.—THE DISEASES OF CHILDREN, and their Homœopathic Treatment. A Text-Book for Students, Colleges, and Practitioners, By Robert N. Tooker, M.D., Professor of Diseases of Children in the Chicago Homœopathic Medical College.

The publishers have the pleasure of announcing the publication, early in 1894, of the above-named comprehensive work on the Diseases of Infancy and Childhood and their Homœopathic Treatment. The book will consist of some seven hundred pages, and will

cover the entire field of pediatrics. Prof. Tooker has had this work in course of preparation for more than two years past. It is the result of the author's mature experience of more than thirty years' active practice and fifteen years' occupancy of the chair of pædiology in one of the largest homœopathic medical colleges, with a children's clinic of unsurpassed magnitude.

Prof. Tooker has been an able and constant contributor to our literature for the past twenty years, and his papers have always been read with interest and profit.

The work will contain the latest views of the writers and thinkers in our school of practice, not only in therapeutics, but it will be up to the times in its ætiology and pathology.

In the preparation of the work the author has been ably assisted by the following collaborators, each one of whom is pre-eminent in the special field in which he writes.

Dr. E. M. Hale will contribute chapters on *The Heart in Infancy and Childhood*.

Prof. Clifford Mitchell will contribute several chapters on *The Urine in Infancy and Childhood*.

Prof. J. H. Buffum will contribute chapters on *The Eye and Ear*.

Prof. L. C. Grosvenor will discuss *The Sanitation of the Nursery*, including the proper clothing for an infant. This will be illustrated with cuts of the "Gertrude" baby wear.

Prof. Delamater and Prof. S. N. Schneider will cover the field of *Nervous Affections in Infancy and Childhood*. Gross & Delbridge, Publishers, Chicago.

DR. GUERNSEY AND THE GUIDING SYMPTOMS.—For over one year, the profession has been looking for "The Clinical Repertory to the Guiding Symptoms," and it has not appeared on promised time. Now, Dr. Joseph C. Guernsey, of Philadelphia, has become the associate editor with Dr. Calvin B. Knerr, of Philadelphia, and a fresh promise has been made for June, 1894. With two such workers the profession will rest assured that this important work will be ready on time.

PAMPHLETS RECEIVED.

ATLANTIC CITY, N. J., AS AN ALL Year Round Health Resort. By A. W. Baily, M. D., President New Jersey State Homœopathic Medical Society, Atlantic City. An instructive pamphlet, closely written, bringing out the good points of Atlantic City, and supplying the information needed by doctors and their patients.

PLEA FOR THE STOMACH. By G.

W. Bowen, M. D., Chicago, Ill., member Cook County Homœopathic Medical Society, Ill.

OLIVE OIL AS A REMEDY IN THE Treatment of Gastric Ulcer. By Emmanuel J. Senn, M. D., Chicago.

ESTABLISHING A NEW METHOD OF Artificial Respiration in Asphyxia Neonatorum. By J. Harvie Deu, M. D., New York.

HYSTERECTOMY BY A NEW METHOD which is simple, safe, bloodless, and entirely obviates the necessity of either clamp, cautery, or ligature; a major operation converted into a minor one by a simple process of easy dissection. By E. H. Pratt, M. D., LL. D., Chicago, 1894.

BOLETIN DE HOMEOPATICA, Montevideo, January, 1894. The opening article is on *Angina Pectoris*, by E. M. Hale, M. D., Chicago.

THE MODERN CLIMATIC TREATMENT of Invalids with Pulmonary Consumption in Southern California. By P. C. Remondino, M. D. The Physician's Leisure Library, 1893. Price 25 cents. Paper. Detroit: George S. Davis, 1893. A book for physicians and climate seekers to read.

THE MEDICAL CURRENT for January, 1894, announces that the indefatigable Wesley A. Dunn, M. D., Professor of Laryngology, Hahnemannian Medical College, has taken up the editorial pen and joined forces with Wilson A. Smith, M. D., its accomplished editor. The *Current* was ably edited before, and with Doctor Dunn as associate the journal will take rank second to none.

MINNEAPOLIS HOMŒOPATHIC MAGAZINE. With the January number this journal takes a big stride forward. Its editor and associates are men of ability and push, and it will not be long before their journal will take its place among the leaders.

MATHEWS' MEDICAL QUARTERLY.—A journal devoted to Diseases of the Rectum, Gastro-Intestinal Disease and Rectal and Gastro-Intestinal Surgery. Joseph M. Mathews, M. D., editor; Henry E. Tuley, M. D., associate editor, Louisville, Ky. An excellent journal filled with good articles on its special subjects by the best writers of its school, well illustrated, ably edited, printed in first-class style on heavy paper, with a cover green enough to nauseate an Irishman. We hope the journal will prove a financial success. It fills a vacant niche and is needed.

THE ABSORPTION OF IMMATURE Cataract, with Restoration of Vision. By J. Hobart Egbert, A. M., M. D., Ph. D., Holyoke, Mass.

GOLD IN THERAPY. By E. A. Wood, M. D., Pittsburgh, Pa.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held a regular monthly meeting at the Hahnemann Medical College February 8, 1894. Sixty members and forty-five students of the College were present. The minutes of the last meeting were read and approved. Dr. Urania Tyrrel was elected to membership and Drs. Howard E. Randall, William W. Speakman, and George C. Webster made application for membership. A report was received from the Committee appointed to represent the views of the Society to the Board of Health against the listing of consumption among the contagious diseases for the purpose of having cases suffering from that disease reported to the Board of Health, stating that the Committee had appeared before the Board on February 6th. Dr. Guernsey suggested that the Committee should be continued and a motion was made and carried that such a course be taken. Dr. William Spencer was appointed Chairman of the Bureau of Ophthalmology for the ensuing year. The Bureau of Materia Medica presented a paper by Dr. M. D. Youngman, entitled "The Best Method of Teaching Materia Medica;" and one by Dr. J. C. Guernsey on "The Best Method of Studying Materia Medica." The participants in the discussion were Drs. J. C. Morgan, C. Mohr, Augustus Korndorfer, J. C. Guernsey, and E. M. Howard. On motion of Dr. Howard the students present were extended the courtesy of the floor. Dr. Howard called on Mr. Merriman to give the students' views as to their needs in mastering materia medica, which he did. Dr. Francois Cartier, of Paris, France, presented a volunteer paper on The Various Tuberculous Virus and their use in Homœopathic Therapeutics. On motion, Dr. Cartier was tendered a vote of thanks for his able paper. As Dr. Northrop had expressed his inability to further make stenographic reports of the discussions of the Society, the matter of procuring a stenographer for that purpose was referred to the President and Secretary with power to act.

On motion adjourned.

EDWARD M. GRAMM, M.D.,
Secretary.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—Session of 1894–5. Beginning October 1, 1894. Special announcement. In the inauguration of an obligatory four years' graded course of study, many changes have been found necessary from the order of studies as presented in the old three

years' course. The following schedule of subjects for each year has been carefully prepared, and is now distributed for the information of the profession and students. Experience may lead to some modifications of this plan, but no material change is likely to be made.

Attention is called to the requirements of admission, as given in this circular; to the college fees for tuition; and to the list of text-books with which students should supply themselves, if not already in possession of some suitable text-book on each subject.

The regular announcement, giving full details, will be issued in June, a copy of which will be mailed to every applicant. Meantime, any further information desired will be furnished by addressing A. R. THOMAS, M.D., Dean, 113 S. Sixteenth St., Philadelphia.

Studies of the Four Years' Graded Course.—*First Year.*—History of Medicine; Medical Terminology; Biology—Botany—Zoology; Physics—Electricity; Inorganic Chemistry; Anatomy (osteology, syndesmology, myology and digestive organs)—Dissections; Physiology (circulation, respiration, digestion); Normal Histology—laboratory work; General Clinics.

Second Year.—Organic Chemistry—laboratory work, urinary analysis, etc.; Anatomy, completed—Dissections; Physiology, completed, including embryology; Normal Histology—laboratory work; General Pathology; Materia Medica—Pharmacy—Toxicology; Institutes of Medicine; Minor Surgery—bandaging; General Clinics.

Third Year.—Bacteriology; Pathological Histology; Surgical Anatomy; Surgery; Practical Surgery; Materia Medica—Drug Pathogenesis; Practice of Medicine: Physical Diagnosis; Obstetrics; Practical Obstetrics; Gynecology; Ophthalmology—Otology—Laryngology; General Clinics.

Fourth Year.—Materia Medica—Homœopathic Therapeutics; Practice of Medicine; Physical Diagnosis, including demonstrations; Dermatology; Syphilology; Neurology; Surgery; Obstetrics; Pædiatrics; Hygiene; Medical Jurisprudence; Special Clinics and Bedside Instruction.

Requirements for Admission.—Each student will be required to present to the Dean, at the time of matriculation, the certificate of an accredited physician that he possesses a good moral character, and that he is otherwise qualified for the study of medicine. He must also present the diploma or certificate of a literary or scientific college, a high school or academy, as evi-

dence of possessing the required educational qualification. A student without such diploma or certificate, in order to matriculate and enter the first year of the four years' course, will be required to pass an examination as follows:

1. English composition, by writing at the time of examination an essay of not less than 200 words, by which may be judged the writer's attainments in grammar, orthography and penmanship. 2. Arithmetic. 3. Latin, sufficient to show a fair comprehension of scientific terms and formulæ.

Applicants for admission to the 2d year of the four years' course must exhibit evidence of having passed the branches of the first year, as taught in this College, in some scientific school giving a *preparatory medical course*, or in some accredited medical college; or else, in addition to the requirements for entering the first year, they must pass an examination in: 1. Botany. 2. Biology. 3. Physics. 4. Chemistry. 5. Anatomy. 6. Physiology, as far as taught in the first year of this College.

College graduates in Arts or Science who, during their collegiate course studied Biology, Botany, Zoology, Physics, Chemistry, Histology, Anatomy and Physiology are admitted to the 2d year without an entrance examination.

Graduates of Colleges of Pharmacy or Dentistry in good standing, may, upon presenting their diplomas, matriculate and enter the 2d year of this College.

Students who have attended two or more annual terms in other accredited Medical Colleges must bring satisfactory certificates of qualification, or else pass the examinations of the corresponding terms in this College. They may then matriculate and be admitted to the final examination for the degree upon completing in this College the remaining term or terms of the required course.

Graduates of Medical Colleges in good standing, in which two years' attendance is required, are admitted to the 3d year without examination—and graduates of Medical Colleges in which three years' attendance is required, are admitted to the 4th year without examination.

College Fees.—For matriculation, paid once only, \$5; for 1st annual term, including practical courses, \$100; for 2d annual term, including practical courses, \$125; for 3d annual term, including practical courses, \$125; for 4th annual term, including special clinics, \$125; graduation fees, \$30.

Text-Books.—Medical Terminology: Campbell's Language of Medicine.

Biology—Campbell's or Piersoll's Biology.

Botany—Wood's Botany and Florist, or Gray's Manual.

Zoology—Packard's Zoology.

Physics—Avery's or Ganot's Physics.

Chemistry—Witthaus' or Simon's Manual of Chemistry.

Anatomy—Gray's or Morris' Anatomy.

Physiology—Kirkes', Foster's, or Landois and Sterling's Physiology.

Institutes of Medicine—Hahnemann Organon, Dake's Therapeutic Methods.

Normal Histology—Klein's Elements of Histology.

Pathology—Ziegler's Pathological Anatomy.

Bacteriology—Fraenkel's Bacteriology.

Minor Surgery—Wharton's Minor Surgery.

Surgical Anatomy—Holden's Practical Anatomy.

Surgery—American System of Surgery, Helmuth's Surgery, Moullin's Surgery, Smith's Operative Surgery.

Pharmacy—American Homœopathic Pharmacopœia.

Toxicology—Reese's Toxicology.

Materia Medica—Hahnemann's Materia Medica Pura, Hering's Condensed Materia Medica, Farrington's Clinical Materia Medica, Allen's Handbook, the National Dispensatory.

Therapeutics—Lilienthal's Homœopathic Therapeutics.

Practice of Medicine—Rane's Pathology and Therapeutics, Roberts' or Osler's Practice of Medicine.

Physical Diagnosis—Flint's or Clapp's Percussion and Auscultation.

Obstetrics—Leavitt's, Guernsey's or Lusk's Obstetrics.

Gynæcology—Skene's or Cowperthwaite's Diseases of Women.

Ophthalmology—Norris & Oliver's Ophthalmology, Norton's Ophthalmic Therapeutics.

Otology—Poltzer on the Ear, Houghton's Clinical Otology.

Laryngology—Ivins' Diseases of Nose and Throat.

Dermatology—Crocker on Diseases of the Skin.

Syphilology—Keyes on Syphilis.

Neurology—Herter's Diseases of the Nervous System.

Pædiatrics—J. Lewis Smith's Diseases of Children.

Hygiene—Edmund Parkes' Hygiene. Medical Jurisprudence—Reese's Medical Jurisprudence.

Dictionary—Keating's or Thomas' Medical Dictionary.

DERIDES VACCINATION SYSTEM.—Dr. W. B. Clarke reads a paper before the Indiana Homœopathic Society.

The vaccination subject was discussed by the physicians of the Homœopathic Medical Society at a regular meeting, and was introduced by W. B. Clarke, who read a long paper, entitled "Vaccination no Safeguard against Smallpox," which was listened to with much attention. The Doctor began by saying: "A study of the history, results, effects and failures of vaccination fully warrants the statement that the belief in vaccination as a safeguard against smallpox should now be regarded as a monumental illustration of a grotesque commonfolk superstition; an old superstition, cunningly grasped and foisted upon a credulous medical world by the superficial and dishonest Jenner—having its origin simply and solely on account of the unfortunate jingle between the words 'cowpox' and 'smallpox,' there being then and now absolutely no other bond of union or resemblance, logical, pathological, physiological or scientific between the two."

After briefly tracing the history of the introduction of inoculation, and of its supplanting by Jennerism vaccination, and especially the alleged political chicanery by which the latter was brought forward, a concise massing of its alleged failures, from early times to the present, was rapidly given, followed by liberal quotations from distinguished medical men of various countries, members of Parliament, Gladstone, Spencer and others, as well as government and hospital reports. He was very severe on the legally unauthorized compulsory vaccination tactics of the health and school boards of this and other States, and devoted about a third of the latter part of the paper to the alleged dangers, diseases and evil effects coming to the people through vaccination, characterizing it as "the Jenneration of disease."

In closing he said: "Vaccination, then, is evil in its principles, false in its reasons, deadly in its results, and its compulsory enforcement is a desecration of human rights, and a persecution of the poor. It is the largest sanitary question of the age, and its settlement is a matter which belongs to the people, not to the doctors. If our people are taxed to pay the expense of these free and forcible vaccinations, they certainly have the right to investigate its claims to protection, and to refuse to longer accept the say-so of a few misinformed but not disinterested doctors or health officials."

Dr. O. S. Runnels, the President of the Society, was in the chair. After the reading of Dr. Clarke's paper, a lively discussion followed.

PENNSYLVANIA STATE SANITARY CONVENTION.—**DR. McCLELLAND'S ADDRESS.**—Nearly 200 physicians and sanitarians were in attendance at the Sanitary Convention, which was held under the auspices of the State Board of Health, at Harrisburg, January 26, 1894. Governor Pattison presided over the deliberations. Papers were read by M. G. Leppert, of Phoenixville; William H. Ford, of Philadelphia; Howard Murphy, of Philadelphia; Dr. Davis, President of the State Board of Health; Health Officer Veale, of Philadelphia; and Dr. J. H. McClelland, of Pittsburgh. The latter's article was of unusual merit, and well deserves reproduction. Dr. McClelland said in part:

The question of paying for damage done to individuals in the efforts of health officers to protect communities from the spread of contagious diseases presents itself to us not only as a measure of public justice, but also as a measure of public health.

When the property of an individual is destroyed for the salvation of a community, one would naturally suppose that community would hasten to make good the loss. This would be the equity of the case, and appeals to every man's sense of justice. But I go further, and contend that the prompt payment by State or local authorities for losses sustained by individuals when the health officer deems it necessary for the safety of the community to step in and destroy their household goods, is also a sanitary measure of the first importance.

I wish to admit at the outset the existence of what is known to common law as police powers, and that the exercise of these powers in certain well-defined instances is perfectly right and proper. The object of government is to impose a certain degree of restraint upon individuals when it is necessary for the public good. Private rights must give way to public safety, and the individual may be "subjected to all kinds of restraints and burdens in order to secure the general comfort, health, and prosperity of the State." It has been called the law of "overruling necessity."

It is plain that in case of extensive conflagrations the police power may enter in upon a man's property and destroy it in order to protect the rest of the community from devastation.

In case also of pestilence, this same police power, exercised by health authorities, may enter upon a man's property and destroy anything or everything that might prove inimical to public health. I am a firm believer in placing large discretionary power in the hands of health authorities. The safety of the public demands it, and it should be exercised wherever it is found necessary; not brutally, not unadvisedly, but with good sense and discretion.

But while the exercise of police power is sanctioned by common law, common law does not provide for a fair return to the injured individual for property taken or destroyed. Where, then, is the remedy? Plainly in statutory enactment. A State or chartered municipality possesses the power to provide a remedy, and should not hesitate to do so in the interest of justice as well as self-preservation.

Now a word as to the question of right. Take, for example, the case of a family consisting of parents and children, the father being the sole bread-winner for all. They have their house duly furnished at such expense as they can afford. By some mischance one of the flock is taken down with a contagious disease. The father, in pursuing his daily vocation, comes in contact with many other people, while the children, some of them, attend the public schools, but, as a measure of safety to the public, the father must be called in from his labor, the children detained from school. The health officer, very properly, establishes a quarantine.

The case progresses to a conclusion, and now comes the question as to what shall be done with much of the household effects of this family. One might naturally suppose that with a certain amount of disinfection the articles of household use might still be saved for the family, but the health officer, in the interest of the community at large, appears upon the scene and orders their destruction. Is this done to save the family? Plainly not. It is done in the name of the community, for the purpose of saving the community.

This is an everyday case, and not an extreme one. Would it take one long to determine, upon ordinary rules of fair dealing and justice, who should replace the goods destroyed, to determine even who should supply the needs of such a family while the head of the house was compelled to remain idle? I think not. Every municipality, upon the appraisal of the health officer, should make compensa-

tion for the damage done in its name and for its safety.

Now, if you please, a few words from the sanitary standpoint. The occurrence of such a case as above represented, which has gone without help or relief, has a very strong bearing upon similar ones. There are many people, and intelligent ones, too, who do not believe in the contagiousness of many diseases. So during the prevalence of diphtheria, or some other equally contagious ailment, their families mingle freely with the public. This is what they were taught in their childhood, and they argue that it should not be different now. They say, if we report this case to the health authorities they will at once come in and destroy our goods. We cannot afford this. The result is, facts are suppressed, members of the family come and go freely, and just as freely distribute about the germs of the prevailing disease. The sufferers are the public. In just such a case, if it was known that the representative of the government would reimburse them for property destroyed, would even provide them with sustenance while necessarily confined, much of the objection to reporting contagious diseases would be removed, and as a result many an epidemic, carrying distress and disaster, would be nipped in the bud.

I am convinced that our Legislature would contribute much to the public weal if it would pass an enabling act, so that upon the recommendation of the health officer of a district, accompanied by an appraisal, the losses sustained by individuals, for the destruction of their household effects, would be paid for out of the public treasury, local or State.

Pennsylvania is not alone in this want of care for her citizens who have suffered from loss in this way, but I am happy to say that in many States, as well as the Dominion of Canada, restitution is made for property destroyed in the interest of public health. In fact, the principle of reimbursement for losses sustained by individuals in the interest of public health is acknowledged and enforced in our own State. It is well known that cattle destroyed by order of the proper inspector to prevent the spread of some contagious disease, or to prevent the cattle from being used as human food, are paid for out of the public treasury.

In this connection it may be interesting to know that the New York State Board of Health is now engaged in a crusade against diseased cattle, and are making every endeavor to fer-

ret out all such as are infected and are having them destroyed. The State pays for all the cattle thus destroyed. It is thought the cost of this will not be less than \$500,000.

In this connection I wish to state that I addressed inquiries to the various secretaries of State Boards of Health as well as similar organizations in Canada. Many replies have been received, and they show that the principle of compensation prevails in nearly every Commonwealth.

In conclusion, therefore, I would beg the attention of this convention, composed, as it is, of members of both local and State boards, to this important omission in our sanitary laws. With regard to the State, we could follow the example of such States as Maryland and Iowa, where by statutory enactment the authorities are empowered to make restitution to individuals. I feel sure that the Executive of this Commonwealth, who is ever alive to its interests, will take such a matter into consideration, and I feel also certain that the Legislature of the State would respond to any reasonable demand for proper legislation in the premises.

So far as local health laws are concerned, either with or without an enabling act passed by the State Legislature, I am equally sure that any chartered municipality would favorably consider legislation of this kind. The great State of Pennsylvania should not be behind her sister States in the exercise of police powers, in a spirit of equity and even generosity, and especially so when the exercise of this power in this spirit brings with it its own reward, namely, the increased safety to her citizens.

DEATHS FROM VACCINATION.—To the editors of the *HAHNEMANNIAN MONTHLY*. In the report of the small-pox meeting of the State Board of Health of Indiana, is a report of Dr. Leach, saying that of the many people vaccinated in Muncie recently, "there were no bad results in a single case." It might be difficult to define what a professional vaccinator would consider "bad results," but so remarkable a report should not go unchallenged, for medical men, whether vaccinators or not, freely admit that bad results are frequent. Look in the State Board of Health reports for 1883 and 1884 for official evidence of this. If you will turn to your file you will find under date of Muncie, November 23, 1883, this dispatch:

"Mrs. Eli Gough died of lockjaw near Muncie last night. Her death was directly caused by vaccination."

Marjorie Woodruff, five years old, died of lockjaw, caused by vaccination, at her home in Bellport, Long Island, December 6th, and two young daughters of James Stone, of Plum Run; just east of Peebles, Ohio, died last December of blood poisoning by vaccination. Dr. J. R. Kippax, Chicago college professor, lost a case by death caused by vaccination. The reports of the Registrar-general of England shows eight hundred deaths from vaccination in the last ten years, though the returns are but meagre, because of the professional desire to save vaccination from reproach.

But the deaths directly caused by vaccination are few compared with those indirectly caused, to say nothing of the disease and sickness entailed. Why not look at this matter in a common-sense way, and avail ourselves of the testimony of those who have had the largest experience with vaccination and small-pox? If vaccination protects from small-pox much could be forgiven it, but as it does not, why blind our eyes to the fact? The small-pox epidemic that swept over Europe in 1871-72 was one of the worst of history, and hundreds of thousands of vaccinated people had the disease, thousands of them dying, and the English Army Commission report of 1884-85 was that in India vaccination was powerless against small-pox. History and experience are against vaccination as a preventive of small-pox, and the question of its continuance has now become one to be settled by the people, who should take it out of the hands of the doctors and so-called "health" boards, for, instead of promoting health it causes disease, especially in children, more particularly skin diseases, scrofula and consumption. This is not my say so, but of men who have long studied the matter in all its bearings, practical as well as theoretical. Let me cite a few opinions and I am done:

Niemeyer, in his text-book of medicine, says: "It cannot be denied that vaccination sometimes endangers life, and in other cases leaves permanent impairment of health, especially cutaneous diseases and scrofulous affections."

Dr. George Gregory, for fifty years director of the London Small pox Hospital, says that vaccination cannot prevent small-pox, and that the idea that it can is "absurd, chimerical, irrational, presumptuous."

Dr. W. J. Collins, for twenty-five years a public vaccinator, gave up the position, with its £500 yearly fees, and testified before the British House of Commons that he had not the least

confidence in vaccination, at least two-thirds of all cases of small-pox having been successfully vaccinated, and that "it often transfers filthy and dangerous diseases without offering any protection whatever."

Dr. John Epps, twenty-five years director of the Jennerian Institute, London, after vaccinating 120,000 people, gave up the practice, saying that it was poisonous and afforded no protection.

Dr. Stowell, for thirty years a public vaccinator in England, did the same, and added that revaccination was equally valueless.

Dr. Hitchman, for many years a public vaccinator at Liverpool, gave it up, saying "there are hundreds killed yearly by it."

Dr. Perron, of the French Legion of Honor, says that vaccination has introduced consumption into the army, and Sweden has abolished it for the harm it has done.

Dr. Caron, government physician to the Paris prisons, long since refused to vaccinate, as it was worthless and valueless.

The London *Lancet* said, January 21st, 1871: "Cases of small-pox after vaccination now amount to four-fifths of all cases."

Dr. J. W. Pease, M.P., said: "Children die under the operation of the vaccination acts in a wholesale way."

The *Students' Journal and Hospital Gazette* said, January 14th, 1882: "Many deaths have resulted from vaccination, and an unknown number of children have had their constitutions cruelly injured through vaccination."

Copeland's Medical Dictionary says: "It is certain that scrofulous and tuberculous diseases have increased since the introduction of cowpox, and that the vaccine favors particularly the prevalence of various forms of scrofula."

And so I could go on and add enough similar and equally strong testimony from men great in medicine, in literature, in Science and in politics to fill a whole page of your paper, and, for that matter would willingly do it. The charge that I am a pestiferous crank on the anti-vaccination subject would at least receive the reply that I am in good company. I feel certain that the people at large do not know the facts in the matter, and that it is the imperative duty of the press of the country to enlighten them on this, the foremost sanitary question of the age, that they may no longer blindly pre-

sent their bodies a living sacrifice before this Moloch of superstition, vaccination bearing in mind, as Prof. Newman said, that "against the body of a healthy man or infant, Parliament has no right of assault whatever under pretense of the public health; no law-giver can have the right, and such a law is an unendurable usurpation and creates the right of resistance."

W. B. CLARKE, M.D.

INDIANAPOLIS, Feb. 16th.

"AN ABSURD VACCINE POSITION."
—To the Editors of the *Hahnemannian Monthly*:

I notice that you quote, with apparent approval, from the *Chicago Tribune*, a letter by J. P. Dake, M.D., on the value of variolin. Dr. Dake is, of course, entitled to his opinion, but when he states matters of fact he should be sure of his ground. He is quite right in saying that the majority of homeopathic physicians practice vaccination as ordinarily understood, and have confidence in it. His statement as to his opinion of the great value of cow-pox vaccination, and that he knows nothing to compare with it as a substitute, is also a matter of interest. However, when he states that trituated vaccine matter (variolin) is "dead and disintegrated vaccine germs," and that it is incapable of preventing small-pox, he is stating something beyond his knowledge. Having had experience in the use of variolin, and having seen it used by others successfully, I know that it will produce both subjective and objective symptoms resembling small-pox. I have never, myself, seen pustules develop, but I have seen the erythema which precedes the pustules in severe cases, with intense itching, and the peculiar characteristic appearance of the eruption just before the pustule forms, associated with this a decided rise of temperature to 101° F.; pains in the head and back, nausea, and other symptoms of the initial stage. More than this, variolin so given, seems to extinguish the susceptibility of the system to small-pox, and if given again, two weeks afterwards, produces no results whatever.

It is very difficult to say, with assurance, that the remedy given has prevented an attack of a disease, but the same evidence that belladonna is a preventive of scarlet fever, and pulsatilla is a preventive of measles, exists to prove that variolin is a preventive of small-pox. It is certainly true, that I have given it to cases presumably susceptible, and certainly unvaccinated,

and where the persons were continuously in the presence of small-pox, and they have not taken the disease. My experience in small-pox is, of course, limited, but where I have had an opportunity to treat it I have never had a second case occur, and I believe this immunity of the rest of the family to be due to the fact that they were protected by variolin. When, therefore, Dr. Dake says that potentized virus is devoid of all power as a preventive of small-pox, he is making a statement beyond his knowledge. The variolin which I have used, as a 30th trituration, was prepared by Boericke & Tafel.

Fraternally yours,

GEO. W. WINTERBURN, M.D.

THE INSTITUTE'S JUBILEE.—The Executive Committee of the American Institute of Homœopathy has named Thursday, June 14th, 1894, as the time for the opening of the next annual session. Physicians starting from the most distant points on Sunday evening, can reach Denver by Thursday morning. The Order of Business is not yet arranged, but it has been suggested that the session open at 3 o'clock, P. M., that the afternoon be devoted to general routine business, and that the Special Jubilee Exercises and the delivery of the President's Address take place in the evening. Under the new By-Laws the duration of the session will be limited only by the needs of the business, and the requirements of the sections; each of the latter being allowed all the time its members may desire for the reading and discussion of all its papers. Essayists are thus assured that their papers will, in no instance, be denied a respectful hearing for want of time, and the Specialists of the Institute can enjoy full opportunity for the consideration of the technical questions in which they may be interested.

Illustrations intended for publication in the *Transactions* should be artistically made and on separate sheets for the use of the engraver. The Institute does not object to a reasonable expense, when necessary in illustrating an essay. The value and interest of the scientific discussions will be greatly enhanced if each essayist will furnish copies of his paper, prior to the session, to those who are expected to lead in debating it.

Any physician having knowledge of the decease of an Institute member since June 1st, 1893, will confer a favor by reporting full particulars to the Necrologist, Dr. Henry M. Smith, Spuyten Duyvil, New York. Secretaries, or other officers, of all societies, clubs, hospitals, dispensaries, etc., and

the physicians of all institutions of whatsoever kind, employing homœopathic treatment, are earnestly requested to make full reports to Dr. T. Franklin Smith, Chairman of the Committee on Organization, etc., 264 Lenox Ave., New York City, who will furnish proper blanks on application.

The Annual Circular, with full particulars as to hotels, railroad fares, programme, and other matters of interest, will be mailed in May to every homœopathic physician in the United States and Canada. Any physician failing to receive it by May 20th should notify the secretary. Each circular will contain a blank application for membership, with full directions for those desiring to become members. Societies and Colleges, wishing to canvass their membership for new members of the Institute, should apply at once for blanks, stating the number desired.

During the last six years the Institute membership has grown from 900 to 1613—about 80 per cent. It was suggested at the last session that each member should celebrate the Jubilee by securing at least one new member for the meeting at Denver.

PEMBERTON DUDLEY, M.D.

General Secretary.

1405 N. 16th St., Philadelphia, Pa.

THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY held a regular monthly meeting, February 1st, at the college building on East Concord Street. The society numbers over two hundred members, about seventy of whom were present. Dr. W. L. Jackson, the newly-elected president, addressed the society on the progress, and he referred to the fact that in our city hospitals or public institutions no patient could have homœopathic treatment, however much he desires it, and expressed the fear that this state of things would continue until we brought political influence to bear in according to us our rights. Speaking of the progress of homœopathy, he said: "It is less than a century since Hahnemann formulated in *similia similibus curantur* the basic principle of homœopathy. It was thirty years—1825—before this revolution in medicine crossed the Atlantic from Germany to New York. It took thirteen years more—1838—for it to reach Boston, where it found friends and favoring conditions. Four years later, 1842, the genial autocrat announced that the whole thing was such an utterly absurd delusion that a single decade must sweep it from the face of the earth. The close of the first half century, 1846, found 40 successful practitioners

of homœopathy in New England; in 1851 the directory showed 182 practitioners; in 1861, 400; in 1871, 700; in 1881, 1000; while at the present time there are at least 1400 in the New England States alone, and 15,000 in this country."

In referring to the recent prediction of a dentist in this city, that homœopathy would be extinct in just forty years, Dr. Jackson presented these statistics:

"In 1873 there were practicing in Boston and accredited to the Massachusetts Medical Society, 349; Massachusetts Homœopathic Medical Society, 46. The proportion was 7.5 to 1.

"In 1883 the figures were: Massachusetts Medical Society, 421; Massachusetts Homœopathic Medical Society, 83. The proportion was 5 to 1.

"In 1893 the figures were: Massachusetts Medical Society, 538; Massachusetts Homœopathic Medical Society, 110. The proportion was 4.8 to 1.

"The increase in numbers of the old-school physicians during the first decade was 20 per cent. During the same period the homœopathic school increased 30 per cent. During the second decade, 1883 to 1893, the percentage of increase in the old-school was 27 per cent., and in homœopathy was 32 per cent. During the twenty years, 1873 to 1893, allopaths increased 54 per cent. and homœopaths 139 per cent. In the Massachusetts State Census for 1885, the number of allopathic physicians and surgeons was given as 1722, and the number of homœopathic physicians and surgeons was 488, which is in the ratio of 3.5 to 1."

President Jackson then said, "It (homœopathy) has been here nearly seventy years—long enough for the most popular delusion to be buried and forgotten. Twenty-five years ago there was no insane hospital under homœopathic care; now, four States have each established and sustained a large hospital of this kind. There were few general hospitals which admitted homœopathic treatment; forty-five have since been erected, several with two hundred beds, while more than fifty special hospitals, as for consumptives, children, diseases of the eye, etc., exist to-day, making about one hundred hospitals, containing 6711 beds, and which have treated in the past year 38,161 patients, and were never in so prosperous a condition as now. Last year fifty-six dispensaries treated 173,815 poor patients, with 510,431 prescriptions. Twenty-five years ago there were only two medical colleges which taught

homœopathy; now there are eighteen well-established and successful institutions, which last year had in attendance 1439 students, and have, since their foundation, graduated 9868 physicians. Six homœopathic journals were then published; now there are thirty-six. Thirty State medical societies have been incorporated and are in successful operation, while more than 120 county and local societies exist. How, in the light of such facts and such a history of growth as we can show, any one dares to predict our extinction seems strange, and we can only account for it by believing that the new prophet is unacquainted with his subject."

Dr. Jackson also presented statistics from various hospitals, showing that the rate of mortality and success in treatment are largely in favor of homœopathy, especially in the more severe cases, like pneumonia, typhoid fever, diphtheria and croup.

The society is divided into nine sections, one of which reports at each monthly meeting. At this meeting the section for mental and nervous diseases occupied the remainder of the evening. Cases were presented by Dr. E. P. Colby, of rare progressive paralysis from unusual affections of the brain and spinal cord, and papers were read by Dr. Hines, of the Westborough Hospital; Dr. Wildes, of Dorchester, and the chairman of the section, Dr. N. Emmons Paine.

The following named officers were elected for the different sections for the ensuing year:

Materia Medica.—Chairman, J. P. Sutherland; Secretary, H. S. Childs; Treasurer, M. W. Turner. Pathology and Therapeutics.—Chairman, H. C. Clapp; Secretary, H. E. Spaulding; Treasurer, W. T. Talbot. Surgery.—Chairman, Horace Packard; Secretary, A. H. Powers; Treasurer, W. J. Winn. Gynecology and Obstetrics.—Chairman, G. R. Southwick; Secretary, G. H. Earl; Treasurer, Annie M. Selee. Diseases of Children.—Chairman, G. B. Rice; Secretary, Grace Marvin; Treasurer, Emily A. Bruce. Ophthalmology, Otolaryngology.—Chairman, John H. Payne; Secretary, I. B. Hines; Treasurer, E. B. Cahill. Nervous Diseases and Insanity.—Chairman, N. Emmons Paine; Secretary, E. P. Colby; Treasurer, Martha E. Mann. Electro-Therapeutics.—Chairman, Emily A. Bruce; Secretary, E. B. Cahill; Treasurer, F. L. Emerson. Sanitary Science and Public Health.—Chairman, J. Heber Smith; Secretary, E. A. Smith; Treasurer, D. J. Woodvine.

THE DENVER, COLO., HOMŒOPATHIC CLUB.—The annual meeting of this club was held January 22d. at their rooms in the Brown Palace hotel, President Kinley in the chair. There was an unusually large attendance owing to the fact that the principal business of the meeting was the reading of reports of the work done during the year and also the election of officers for 1894. The members of the club have done a large amount of charitable work during the time since the club was organized and the reports read for last year show that they are still doing a large amount of work of this kind.

Dr. W. A. Burr, for the Deaconess, home and hospital committee reported that there is now a full staff of homœopathic physicians in attendance at the home, as well as a corps of physicians who are giving lectures to the nurses of the institution.

Dr. J. P. Willard made the report for the Haymarket mission dispensary, which has been under the care of the homœopathic school since May 5th, 1893. He stated that 1368 prescriptions had been made in the dispensary, besides a number of operations had been performed by the physicians in attendance.

Dr. J. Wylie Anderson reported that the inmates of the Denver Orphans' home were all in good health and that there had been no deaths among the inmates during the year. He also stated that since the homœopathic school took charge there have been no cases of ringworm among the children, although before that time this had been a great bane to the directors.

The Ladies' Relief home report was presented by Dr. Shannon, who stated that there had been little or no sickness among the children during the year, and that there are now in the home 34 children who are enjoying the best of health.

The report from the W. C. T. U. day and night nursery was presented by Dr. Alexander, who stated that there had been 96 calls answered by the attending physicians and there had been but one death among the inmates who had been there any length of time.

The treasurer, Dr. Willard, reported that there was a small balance in his hands and no outstanding bills.

The secretary's report showed that 25 meetings had been held during the year, 23 regular and two special ones. There were 19 papers read before the members at the various meetings and the papers were both interesting and instructive and the discussions were

general. President Kinley then presented his address, consisting of a resume of the work done and giving some very practical suggestions in the way of new work to be undertaken by the members during 1894.

The election was then proceeded with and the following officers were chosen: President, Dr. J. Wylie Anderson; Vice President, Dr. C. W. Enos; Secretary, Dr. S. F. Shannon; Treasurer, Dr. S. S. Smythe; Censors, Drs. S. S. Kehr, J. B. Kinley, E. H. King; Delegate to the American Institute of homœopathy, Dr. W. A. Burr.

MONROE COUNTY, N. Y., HOMŒOPATHIC MEDICAL SOCIETY.—The Homœopathic Medical Society of the county of Monroe held its annual meeting January 16th, in the spacious parlors of the Alexander street hospital building, Rochester. There was a large attendance of physicians present.

Vice-President Dr. Marcena Sherman Ricker called the meeting to order at 3.30 o'clock. A paper on "Facial Paralysis" was read by Dr. P. W. Neefus, which was followed by discussions. Owing to the illness of the president, Dr. T. D. Spencer, the president's address was omitted.

Important features of this meeting were the adoption of the new constitution and by-laws for the society, and the election of officers for the ensuing year. The following are the officers: President, Dr. George M. Haywood; Vice-President, Myron H. Adams; Secretary, Herbert W. Hoyt; Treasurer, T. J. Thurber; Censors, N. F. Clapp, M. E. Graham, Louis F. Chamberlayne; Executive Committee, O. S. Bamber, H. A. Anderson, P. W. Neefus.

THE ESSEX COUNTY HOMŒOPATHIC MEDICAL SOCIETY held its regular monthly meeting and scientific session, January 31st, at the Board of Trade rooms, Salem, Mass.

Dr. W. T. Hopkins, of Lynn, Vice-President of the society, presided, in the unavoidable absence of the president, Dr. A. B. Ferguson.

Three applications for membership were received.

Following routine business the papers on the following subjects were read and freely discussed:

Materia Medica and Therapeutics.—*"A study of Kali-phos."*

"A study of Chelidonium as a Remedy in Certain Continued Fevers now Epidemic," J. Heber Smith, M.D., of Boston.

Materia Medica, G. W. Worcester, M.D., of Newburyport.

Kali-hydriodicum, I. P. Haywood, M.D., of Lynn.

Special Remedies in Affections of the Upper Air-passages, A. M. Patterson, M.D., of Salem

Therapeutics of Nervous Prostration with Reports of Cases, W. T. Hopkins, M.D., of Lynn.

The following physicians were present: Kate G. Mudge, Sarah E. Sherman, Frank A. Gardner, A. M. Patterson and Nathan R. Morse, of Salem; G. W. Worcester and D. Foss, of Newburyport; H. F. Batchelder, of Danvers; J. C. Batchelder, of Wrentham; I. F. Barnes and W. E. Bongartz, of Beverly; E. M. Doloff, of Rockport; W. T. Hopkins, T. R. Grow and G. W. Hayward, of Lynn.

The committee for the April meeting at which the papers and discussion will be on surgery are Dr. W. E. Bongartz, Dr. D. Foss, and Dr. F. A. Gardner.

At the conclusion of the discussion an excellent lunch was served by caterer Gordon, of Beverly.

WESTERN NEW YORK HOMŒOPATHIC SOCIETY.—About fifty members of the Western New York Homœopathic Medical Society attended its first meeting of 1894 at the Tift House, Buffalo, January 12th. Two sessions were held. Papers were read by Drs. DeWitt G. Wilcox, Buffalo; L. Bertram Hawley, Rochester; Asa S. Couch, Fredonia; George R. Stearns, Buffalo; Herbert W. Hoyt, Rochester; Emily F. Sweet, Medina; Elmer J. Bissel, Rochester; Louis A. Bull, Buffalo; F. Park Lewis, Buffalo; S. George Hermance, Rochester.

THE NEW ANTIDOTE TO MORPHINE POISONING.—Some interesting experiments with permanganate of potassium, as an antidote to morphia, have been made lately at the New York Homœopathic College and Hospital, Sixty-third street and Avenue A, Howard S. Neilson, who is a nephew of Dr. William Tod Helnuth, and was with his distinguished uncle at No. 293 Madison avenue, and Oscar M. Meyer, of Astoria, are the experimenters. They are students at the college, and of course, they took every precaution to insure the accuracy of their tests, which were made in the physiological laboratory there. They followed the way pointed out by Dr. William Moore, of this city, who is not, however, known to either of them. Dr. Moore, as *The World* announced, had such confidence in permanganate of potassium as an antidote to morphia that he swallowed three grains of the narcotic.

Mr. Neilson and Mr. Meyer have experimented on six dogs of different breeds, weights and sizes. They usually injected the morphia hypodermically, for they found that when they administered it by the mouth, the dog vomited it. The dose of morphia varied between four and six grains—amounts sufficient, without an antidote, to kill any dog. The first symptom the experimenters observed after the morphia was given, was an increase of the pulse and respiration. Then the dogs seemed to sweat a great deal. Water dripped copiously from their tongues, which are, with them, organs of transpiration. That symptom was worth noting, for morphia usually suppresses the secretions. Then the dogs vomited. Then narcotic stupor came on, grew deeper and deeper, until, after a period varying from ten minutes to an hour after the injection of the morphia, the dog was absolutely senseless; no excitation could arouse him. Early in this stupor the legs of some of the dogs twitched and jerked, as often do the legs of opium-smokers.

When the stupor was most profound, Mr. Neilson and Mr. Meyer administered a solution of permanganate of potassium to their subjects. They gave the permanganate in the proportion of one and one-third grains to one grain of morphia. They gave two-thirds of each dose of permanganate by the dog's mouth and one-third by injection under his skin, until their experiments yesterday, when they gave all the permanganate by the mouth. In from two to ten minutes after the administration of the permanganate, the dogs began to come up from their deep stupor. They grew excited, they "flopped around" in their efforts to rise, being still too weak to get on their feet. Then they fell asleep again, but were easily aroused. Gradually they recovered their senses and their power of locomotion, although they remained very weak for some time. The dogs were all kept under observation until there was no chance of death from morphia poisoning. Not one of them died. Four perfectly recovered. The two that were experimented on yesterday are still kept in confinement for observation.

One of the two last was a bright little beast with collie blood in him. He was highly nervous and excited. Four grains of morphia were injected into him hypodermically. Ten minutes passed and he was stretched out on the floor, seemingly lifeless. A lighted candle was placed so close to his eyes

that its flame singed his eyelashes, but he did not wink. The pupils of his eyes were slightly contracted, but not to the degree seen in opium poisoning in human beings, whose pupils decrease to the size of pin-heads. When the little dog was picked up and replaced on the floor he rolled over like a log in the direction to which most of his weight tended. He was pricked with a pin, but he did not feel it.

Half an hour passed and the animal's respiration was slow and labored. His heart was beating at one-third less than its normal rate. He seemed about to die when the experimenters gave him five and a third grains of permanganate of potassium by the mouth. The permanganate acted quicker than the morphia. In five minutes after he got it the dog feebly raised his head and tried ineffectually to get on his feet. In fifteen minutes he was running around the room highly excited. Mr. Neilson said last night that he could not yet tell whether the animal had completely recovered. He had the dog locked up in the laboratory.

Mr. Neilson would not venture an opinion as to the physiological antagonism between permanganate of potassium and morphia.

Since Dr. Moore's experiment upon himself various physicians have stated that the use of permanganate of potassium in opium poisoning is an old one. A well-read medical man told the reporter yesterday that he had never seen such a use of the permanganate described in the toxicologies. Permanganate of potassium is chiefly used in surgery as an antiseptic. Wounds are washed in a mild solution of it, which has a most beautiful purple color. This same medical man said that opium—or morphia, the alkaloid of opium—depresses the action of the heart and respiration. In these experiments of Mr. Neilson and Mr. Meyer the narcotic was injected almost directly into the circulation, while the permanganate was given by the mouth, and reached the blood by way of the stomach. The reporter's informant said that this would go to prove that the permanganate has a powerful stimulating effect upon the heart and in the respiration, else it could not so quickly counteract the depression caused by the morphia which had acted more directly.

MARRIED.—Dr. Charles R. Palmer, 723 Hahnemann, Philadelphia, to Miss Elizabeth R. Wood, Wednesday evening, February 14, 1894, at the residence of the bride's father, Dr. H. C. Wood, West Chester, Pa.

THE NEW ORLEANS HOMŒOPATHIC ASSOCIATION held its annual meeting on January 22d, in their room, No. 127 Common Street.

The following members were present: Dr. J. G. Breedon, Dr. E. Belden, Dr. S. M. Angell, Dr. S. M. Angell, Jr., Dr. Richard Angell, E. M. Graham, Rev. A. H. Baker, Willie Mackie, Colonel Geo. Soule, Dr. J. J. Matthien, Dr. W. W. Wall, H. G. Shaw, W. W. Weiss, Dr. C. R. Mayer, Dr. J. W. Belden. There was hardly a quorum present, and the hour of 9 arrived before the meeting was called to order.

Dr. J. J. Matthien presided, in the absence of Mr. Graham, the president of the organization.

The financial secretary, H. Wellman, reported that \$83.20 had been collected since his last report, and delivered to Colonel Geo. Soule, the treasurer. Another report showed a balance on hand of \$4.55.

A motion was made to have the financial secretary make a report of the financial condition of the organization.

Dr. Angell moved to go into an election of officers.

Nominations for president were declared in order.

Dr. D. R. Graham was nominated for re-election. His election was unanimous.

E. P. Mackie was nominated for first vice-president, and elected without opposition.

Dr. H. E. Belden was nominated for the second vice-presidency and elected.

W. W. Weiss and W. H. Michel were nominated for secretaries. Mr. Weiss declined to serve another term, and Mr. Michel was elected.

W. P. Wall was elected financial secretary.

Colonel Geo. Soule was re-elected treasurer.

The following board of directors was elected: C. J. Lopez, Wm. Frantz, C. R. Mayer, S. M. Angell, E. N. Graham, J. W. Belden, J. A. Mathieu, C. H. Baker, H. C. Cage.

Adjourned.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK assembled in the County Court Room at Albany for its forty-third annual meeting, February 13th. There was a large attendance at 10 o'clock, when the Rev. DeWitt T. Van Doren opened the proceedings with prayer. When Dr. Van Doren concluded, the president read a short communication and announced that he would deliver his annual address in the evening.

The president then appointed the following committees:

On Attendance.—Dr. M. W. Van Denberg, Dr. Louis W. Bull.

On President's Address.—Dr. Couch, Dr. E. H. Porter and Dr. W. T. Laird.

Auditing.—Dr. Dillow, Dr. Searl, Dr. Greenleaf.

Tellers.—Dr. E. J. Bissell, Dr. Gifford.

Tellers for Medical Examiners.—Dr. G. E. Gorham, Dr. Dillow.

The following permanent members were elected: William Evans, Albany; E. H. Flint, Syracuse; Charles R. F. Greene, Mount Kisco; Marian MacMasters, Utica; P. M. Ostrander, Medina; John A. McKenzie, Leona; D. Henry Chandler, Churchville; William G. Birdsall, Clintondale; Rudolph C. Kaiser, Onondaga Valley.

The minutes of the last semi-annual meeting were read and approved.

The bureaus of neurology, obstetrics and pædology were not ready to report, and further time was granted them.

The afternoon session was taken up with reports of bureaus and reading of papers.

There was a large attendance at the evening session. Much of the time was taken up in a discussion of the rights and duties of State medical examiners. The report was read by Asa S. Couch.

The first order of business was the report of the neurologist, E. Hasbrouck, on the death of Alexander S. Ball, of New York. The secretary announced that since the last meeting Drs. G. H. Billings, of Cohoes, and W. B. Brown, of Palmyra, had died.

President J. M. Lee then delivered his address, speaking in substance as follows:

"In the history of medical education in this country there are four distinct epochs. Three of these may be looked upon as advances, and one, which dates from 1768 to 1859, as the period of retrogression. Then, and for years after, there were poor laboratories, poor hospitals and poor equipments generally.

"The manufacture of commercial doctors from the diploma mills has about ceased, and we are having three first-class funerals of these institutions, unattended by mourners. Even a more rapid dissolution would be a public benefit, for so many medical schools are still a national calamity.

"In 1888 a very marked improvement in medical education was inaugurated by the American Institute of Homœopathy. At that time it was ordered that after the college sessions

of 1890-91 each and all of the homœopathic schools of America shall require of their candidates for graduation at least three years of medical study, including three full courses of didactic and clerical instruction of at least six months each. Every one of our sixteen colleges at once complied with this resolution.

"The move our national organization made in 1888 has borne good fruit, and to-day we clearly stand ahead of the other schools of medicine, as ten per cent. of their colleges still pursue antiquated methods and graduate their students on two short courses.

"The tendency now is to separate the licensing power from college teachers and vest it in an examining board appointed by the state. There are now in this country thirty-five such examining and licensing boards which guard the profession against the entrance of incompetent practitioners.

"This country is not in need of physicians, and if a few men were kept away from medical schools by increasing the standard, no harm would be done. If the standard were raised the courses of literary and medical study so changed as to allow young men to obtain the A.B. and M.D. degrees at 26 instead of 27 or 28, as at present, it would enable us to enroll our proportion of college men. The college reports show that upwards of ten per cent. of literary graduates actually become physicians. Now, what are the reasons that impel eight out of every nine educated men to embrace the study of theology and law and but one medicine? It is true that in the latter profession it requires a longer period of service to become established than in either of the other colleges. But the practice of medicine is much more lucrative than that of theology or law, except to lawyers who become experts or leaders in their profession.

"The attorney, on the other hand, deals with commercial subjects, which, unless he exerts himself against the tendency, will degrade the finer moral qualities of his nature, while the practice of medicine tends to the cultivation of the most noble characteristics.

"In view of these facts one cannot understand why our profession attracts but ten per cent. of the best equipped students of this country.

"The medical profession have long neglected to secure to its institutions proper means of support as compared with either the theological or technological schools. At the present time all the medical colleges in this country combined have an endowment of but

\$1,421,214, while the theological have \$17,593,979, and the technological \$28,180,020.

Men spend millions of dollars to widen canals and build railroads, but medicine, that noblest of all professions, has been neglected. The people of this country must be made to recognize the importance of medicine as a branch of knowledge. Our schools are not superfluous luxuries of civilization, but vital conditions of prosperous people. Medical education should be made accessible to every son and daughter in the country. This the people should demand, for without it the sons of the poor, as gifted as those of the rich, will have no means to reach the positions for which Nature destines them, and education in the long run will become the privilege of wealth and rank.

This would tend to widen more and more the breach between riches and poverty.

"To aid us in our efforts to inaugurate this fifth epoch in medical education, let us cling to methods which will find us together in professional unity, and make us stronger and better as a school of medicine."

The report of Dr. Asa A. Couch, chairman of State Medical Examiners, was then read. A lengthy discussion followed, in which Drs. Fred. D. Lewis, L. A. Bull, William S. Searle, Horace M. Paine, Asa S. Couch, and E. E. Snyder, took part. The discussion continued till after 11 o'clock.

The whole discussion seemed to grow out of a misunderstanding rather than a disagreement as to the right of the examiners to examine students for a homœopathic diploma as to physiological action of drugs and the doses of poisons and poisonous drugs.

Dr. J. W. Candee contended that it was proper, and would do no harm, to have students in the new school as well as practitioners well up in the knowledge of drugs, as to their toxic action. Others contended that the State Examiners had no right to set the standard of all colleges. Dr. Paine, of this city, one of the oldest practitioners, was of the opinion that all practitioners should have a knowledge of the action of all drugs, but that they should not be debarred from receiving a homœopathic diploma because they could not pass an examination according to the old school. The consensus of opinion seemed to be that the widest opportunity should be given to all students in the new school to gain the best knowledge possible.

Finally, the discussion became quite tangled up, and the order of business

was not completed when an adjournment was taken.

The second day's session was brought to a close at 1 o'clock in the afternoon.

The attendance was not very large, but much interest was manifested in the papers read. A communication was read from the New York County Society, protesting against any revision by the legislature of the medical examiners law, believing that the law as revised last year should be tried a sufficient time to demonstrate its usefulness.

The election of officers resulted as follows: President, J. M. Schley, of New York; First Vice-President, E. J. Bissell, of Rochester; Second Vice-President, W. B. Gifford, of Attica; Third Vice-President, W. B. Winchell, of Brooklyn; Secretary, John L. Moffat, of Brooklyn; Treasurer, Charles Deady, of New York; Censors, Southern District, A. G. Warner, Brooklyn, D. G. Roberts, New Rochelle, W. Ide Pierce, New York; Western District, Fred. D. Lewis, Buffalo, E. H. Wolcott, Rochester, J. H. Hallock, Syracuse; Middle District, W. T. Laird, Watertown, J. H. Keeney, Oswego, E. E. Snyder, Binghamton; Eastern District, Louis Faust, Schenectady, G. E. Gorham, Albany, L. A. Frazier, Amsterdam.

The following State Medical Examiners were elected: William O. McDonald, New York; W. T. Laird, Watertown; J. M. Lee, Rochester; E. S. Couch, Fredonia; J. Willis Candee, Syracuse; J. T. Greeley, Binghamton.

COMMENT ON "Symptoms the Basis of Homœopathic Prescribing." By J. C. Guernsey, A.M., M.D.

DEAR DR. GUERNSEY:

I have just read your article in the *HAHNEMANNIAN*, and found your formula. I have wondered why you did not end your first paragraph in this way: "On these two commandments hang all the law and the profits."

It has made me also wonder whether your quotation in foot-note, from Dr. Hering, should not read, "The physician who takes no notes for his cases," etc.

Yours, symptomatically,

J. N. M.

PERSONALS.—At the Twenty-seventh Encampment of the Rhode Island Department of the G. A. R., held at Providence, February 1, 1894, Dr. George B. Peck, of that city, was elected Medical Director.

Dr. J. Q. Griffith, '93 Hahnemann, Philadelphia, has removed to 1336 S. Thirteenth Street, Philadelphia.

THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

APRIL, 1894.

CONTENTS:

	PAGE
Handbuch der Homœopathischen Praxis—Puhlman.....	49
Text-book of Theory and Practice of Medicine—by American Teachers. American Text-Book of Diseases of Children—by American Teachers. Essen- tials of Physics—Brockway. Treatise on Diseases of the Hair and Scalp— Jackson. Syllabus of Lectures on Obstetrics—Norris.....	50
The Physician's Wife—Firebaugh. Manual of Diseases of the Nervous System —Gowers. Pamphlets.....	51
Homœopathic Medical Society of the County of Philadelphia. Post-Graduate Course.....	52
Missouri Institute of Homœopathy. Harper Memorial Hospital and Dispen- sary, Philadelphia.....	53
St. Louis Homœopathic Medical Society. Denver Homœopathic Club.....	54
Reunion of Alumni Association of Hahnemann Medical College, Philadelphia. Cook County, Ill., Homœopathic Medical Society.....	55
St. Louis Homœopathic Medical Society. Massachusetts Homœopathic Hospital. Harper Memorial Hospital Medical Society.....	56
Rochester, N. Y., Homœopathic Hospital. Indianapolis Homœopathic Medical Society. Worcester County Homœopathic Medical Society.....	57
Homœopathic College for Denver, Col. Illinois Homœopathic Medical Asso- ciation. Brooklyn Homœopathic Maternity Hospital. Boston Homœopathic Dispensary.....	58
W. S. Searle, M.D., Resigns. Potassium Permanganate in Laudanum Poison- ing. Steele County, Minn., Medical Society. Alameda County, Cal., Homœopathic Medical Society.....	59
New Treatment for Tuberculosis.....	60
National Homœopathic Association.....	61
Montreal Homœopathic Hospital. Pulte Alumni Reunion.....	62
Letter. Indiana Institute of Homœopathy. Brooklyn Homœopathic Hospital. Homœopathic Medical Society of Germantown. Washington, D.C., Homœo- pathic Medical Society. Minneapolis Homœopathic Society. Kansas City, Mo., Homœopathic Medical College. Personals.....	63
	64

HANDBUCH DER HOMŒOPATHISCHEN PRAXIS. Anleitung Zur Klinischen Untersuchung Kranker und zu deren Behandlung nach homœopathischen und diætetischen Grundsätzen, mit besonderen Berücksichtigung der in den Tropen vorkommenden Krankheitsformen. With 136 cuts in the text, partly colored, and two chromolithographic plates. In connection with several physicians, edited by Dr. C. G. Puhlman, Literary Director of the Homœopathic Central Apotheke, in Leipsic. 670 pp. Leipsic: Dr. Willmar Schwabe, publisher. 1894.

This work is a manual of homœopathic practice, issued by the well-known homœopathic publishing house of Leipsic, Germany, Dr. Willmar Schwabe. It is a work which has been undergoing preparation for fully ten years and is based upon positive results. The clinical descriptions are full, in step with the recent advances of medical science and the illustrations

good. As was mentioned, though ten years in being written, it is based upon the practical experience of thirty years. Not only has he given his own experience but also drawn upon that of others so that it may be safely said that it is based upon eighty thousand clinical cases and their results. The experiences of such men as the writer who has long been known for his numerous contributions to homœopathic journalistic literature. Heinicke, Rohowsky, Pfeil, with occasional reference to Farrington for remedial indications, have been drawn upon for positive drug indications. Nothing has been admitted which has not long stood the test of time and experience, hence the work is not filled with long lists of symptoms, but that which is given may be relied upon. The pathological portion is arranged somewhat differently from that found in textbooks, but this is necessitated by the difference in homœopathic therapeu-

ties. All the sections are well arranged and the material up to the times. The section chapters on diseases of the nervous system and its central organ is especially a point where most homœopathic works are weak. That on skin diseases is also well written though it is only fair to state that all are written in the same manner. Attention is called to these, as homœopathic literature is lacking in these branches. It is more especially fitted and intended for German than American homœopaths. It is an excellent work and one which does honor to German homœopathy. F. H. P.

A TEXT-BOOK OF THE THEORY AND PRACTICE OF MEDICINE BY AMERICAN TEACHERS. Edited by William Pepper, M.D., L.L.D. In two volumes. Illustrated. Volume II. Price, per volume, cloth, \$5; sheep, \$6; half Russia, \$7. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894.

After a short unavoidable delay the second volume of this valuable text-book is at hand. It sustains the high standard of the first volume; it is fully up to date and it is eminently practical throughout, thus emphasizing the characteristics of the best American literature. The one thousand pages of this volume are from the pens of Drs. Welch, Leyman, Osler, Pepper, Wilson, Delafield, Holland and Fitz. Three hundred and twenty-five pages of this second volume together with two hundred pages of volume I are from Dr. William Pepper. The text is liberally supplied with plain and colored illustrations, diagrams, full-page colored and half-tone plates, the latter being from photographs of the natural objects.

This thoroughly comprehensive and complete work representing the best and latest pertaining to the science and art of medicine, comes in its entirety—including the inserted colored plates—from the new presses of the energetic and successful publisher, W. B. Saunders, of Philadelphia.

AN AMERICAN TEXT-BOOK OF THE DISEASES OF CHILDREN.—Including Special Chapters on Essential Surgical Subjects; Diseases of the Eye, Ear, Nose and Throat; Disease of the Skin; and on the Diet, Hygiene and General Management of Children. By American Teachers. Edited by Louis Starr, M.D., assisted by Thomson S. Westcott, M.D. Price, Cloth, \$7; Sheep, \$8; Half-Russia, \$9.

This work is uniform with Saunders' American Text-books on "Surgery," "Theory and Practice of Medicine," and of "Gynæcology." It is an imperial octavo volume of 1200 pages, illustrated by numerous woodcuts, half-tone and colored plates. It is made up of original articles written by sixty well-known authorities, and represents the teachings of the prominent allopathic medical schools of America. The editor announces his intention to have been "not to add unnecessarily to the number of encyclopædias already existing, but to present to the profession a working text-book which shall be closely limited to, while completely covering, the field of pædiatrics." He has accomplished his purpose well. The general plan of the work is excellent, presenting well-written sections carefully condensed, without sacrifice of value, on all subjects pertaining to the diseases of children, each of which is stamped with a thorough comprehension of the needs of students and busy practitioners. The hurried doctor, in active practice, can accept this volume with full assurance that he will have at ready command an authoritative text-book containing all that is good, both old and new, on the subject in hand.

ESSENTIALS OF PHYSICS.—Arranged in the form of Questions and Answers. Prepared Especially for Students of Medicine. By Fred J. Brockway, M.D. Second Edition, Revised, with 155 Illustrations. Price, \$1 net. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894.

Saunders' Question Compend has naturally become very popular with students of medicine, and the great demand enables the publisher to keep the works right up to date.

A PRACTICAL TREATISE ON THE DISEASES OF THE HAIR AND SCALP.—By George Thomas Jackson, M.D. New Revised and Enlarged Edition. Price, \$2.75. New York: E. B. Treat. 1894.

The author states that every page of the old edition has been revised; new articles upon folliculitis decalvans, leprothrix and aplasia pilorum propria, and many new sections to the old chapters have been added. The bibliography has been brought down to date, and nine new illustrations have been added to the text.

SYLLABUS OF THE OBSTETRICAL LECTURES in the Medical Department of the University of Pennsylvania. By

Richard C. Norris, A.M., M.D. Third Edition. Price, \$2, net. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894.

The third edition of this well-known syllabus, which was edited for the purpose of meeting the difficulty of note-taking, being interleaved with blank sheets, includes the additions which have been made in obstetrical lectures in the past two years.

THE PHYSICIAN'S WIFE; and the Things that pertain to her Life. By Ellen M. Firebaugh. With Portrait of Author and 44 Photo-Engravings of Original Sketches. In one Crown Octavo Volume of 200 pages. Extra Cloth, \$1.25 net. Special Limited Edition, first 500 copies numbered and printed in photogravure ink on extra-fine enamelled paper; bound in Half-Leather and Vellum Cloth, \$3 net. Philadelphia: The F. A. Davis Co., 1914 and 1916 Cherry Street.

This cleverly written work is the outgrowth of a paper read by the author before the Æsculapian Society of the Wabash Valley, on "The Physician's Wife." It is a happy pen-portrayal of the bright and dark sides of the busy doctor's wife. Very true to nature, yet very interesting reading. It is an excellent office-table volume.

A MANUAL OF DISEASES OF THE NERVOUS SYSTEM, by W. R. Gowers, M.D., F.R.C.P., F.R.S. Second edition, Philadelphia: P. Blakiston, Son & Co., 1893.

In reviewing the first edition of this work we took occasion to refer to the wonderful descriptive powers of the author, descriptive powers especially wonderful because of the difficulty of the subject of which he treats. All that was then spoken in praise of the work can be repeated here, for "Gowers on the Nervous System" is now, as then, the standard work in the English language on nervous diseases. In fact we know of no work any where that rivals it for completeness.

The second edition is a complete revision. Many chapters have been entirely rewritten; many additions have been incorporated. The latter include chapters on multiple neuritis, beri-beri, brachial neuritis, senile paraplegia, Morvan's disease, and the peroneal type of muscular atrophy. In the second volume the additions are found on almost every page. Many chapters have been entirely rewritten. Notwithstanding condensation, the additions in the two volumes amount to 250 pages.

PAMPHLETS RECEIVED.

EARLY OPERATIONS IN HEAD INJURIES. By Wm. B. Van Lennep, M.D. Philadelphia: Reprint, *Medical Library*. January 1, 1894.

NITROUS OXIDE ANÆSTHESIA. A Further Contribution to the Subject of Nitrous Oxide in General Surgery. By T. L. Macdonald, M.D. Washington, D. C. Reprint, *Medical Library*. January 15, 1894.

THE EVOLUTION OF HOMŒOPATHY. By Dr. G. M. Scott. Glasgow: Homœopathic League Tract, No. 48. An excellent presentation of the Homœopathic law, suitable for professional and lay missionary work.

THE STUDY OF HOMŒOPATHY AS A Distinct and Commanding Department of Medicine. By John C. Morgan, M.D. Philadelphia: Reprint from Transactions of the World's Homœopathic Congress, 1893.

ENTERORRHAPHY; ITS HISTORY, Technique, and Present Status. By N. Senn, M.D., Ph.D., LL.D. Chicago, Ill.

1. Total Extirpation of the Uterus.
2. The Operative Treatment of Complicated Prolapsus Uteri et Vaginæ.
3. The Technique of Total Extirpation of Fibromatous Uterus. By Geo. M. Edebohls, A.M., M.D., New York city.

1. THE IMPORTANCE OF EMPLOYING Anæsthesia in the Diagnosis of Intrapelvic Gynæcological Conditions. Demonstrated by Analyses of 240 cases.

2. Maintenance of an Aseptic Technique in Gynæcological Operations Outside of Hospitals.

3. Importance to the Surgeon of a Bacteriological Training.

4. A New Spigot Attachment to Facilitate Asepsis. By Hunter Robb, M.D., Baltimore, Associate in Gynæcology, Johns Hopkins University.

TAIT'S PERINEAL FLAP OPERATION. By F. Byron Robinson, B.S., M.D., Chicago, Ill.

CRITIQUE OF MICROSCOPIC EXAMINATION of Specimens Removed in Thirty-two Consecutive Laparotomies. By F. Byron Robinson, B.S., M.D.

THE NORTHWESTERN SANITARIAN. A Monthly Journal Devoted to Sanitary Science and Preventive Medicine for the People. Vol. I. No. 1. March, 1894. Published by N. A. Pennoyer, M.D., Kenosha Wisconsin. An ably edited journal occupying a popular and useful field.

THE ELEVENTH ANNUAL Announcement and Catalogue of the Hahnemann Hospital College of San Francisco, Cal. Session for 1894.

TWENTY-FOURTH ANNUAL REPORT

of the Massachusetts Homœopathic Hospital. Boston. 1894.

TWENTY-THIRD ANNUAL REPORT of the Middletown State Homœopathic Hospital at Middletown, N. Y. By Seldon H. Talcott, M.D., Superintendent. January, 1894.

TWENTY-SIXTH ANNUAL REPORT of the New York Orthopædic Dispensary and Hospital.

HEWSON'S ANOMALY BLANKS. AN Anatomical Anomaly Blank, designed for Dissectors' Use in recording Anomalies worthy of Recording. By Dr. A. Hewson, Philadelphia. Published by P. Blakiston, Son & Co., Philadelphia, and supplied by them free of charge. They are of service in connection with Morris's Anatomy, published by the same house.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held a regular monthly meeting, March 8, at the Hahnemann Medical College, fifty-eight members and nine students being present. The minutes of the last meeting were read and approved. Drs. William W. Speakman, George C. Webster and Howard E. Randall were elected to membership. Dr. H. S. Furman made application for membership. Dr. J. C. Guernsey was appointed chairman of the Bureau of *Materia Medica* for the ensuing year. The Bureau of Surgery presented an interesting report in the shape of papers as follows: "Three Cases of Cerebral Tumors," by Drs. W. B. Van Lennep and C. Bartlett. "A Report of Six Months' Work in the Surgical Wards of the Hahnemann Hospital," by Dr. C. V. Vischer. "Cancer of the Rectum," by Dr. John E. James, with the presentation of two cases operated with successful results. "Green Stick Fracture of the Skull," by Dr. L. W. Thompson; Drs. J. C. Morgan, P. Dudley, C. Bartlett, D. W. Shoemaker and T. S. Dunning participated in the discussion.

Discussion.—Dr. Morgan urged the use of homœopathic treatment in the case of brain tumors, and those of apparent fracture of the skull in infants and young children. He cited a case of a young child to whom he had been called. The skull showed a depression as though an angular body had done the mischief. The child had fallen from a second story window, and had struck on the corner of a brick, being unconscious when the doctor arrived. He put on it *arnica* and opium, and while he was there the little one recovered consciousness. He vomited when he did regain his senses. *Arnica*

and opium at long intervals brought about a perfect recovery.

DR. DUDLEY: Some fifteen or eighteen years ago, before cerebral localization was much thought about, I had under my care a gentleman about sixty years of age, who gradually began to exhibit visual hallucinations as well as marked mental delusions. That is to say, he had a large number and variety of serpents in his room, which he petted and called by name, and whose beauties of form and color he delighted to describe to his visitors. There were also other signs of mental alienation, a tendency to questionable language and deportment of person being one of them. At the same time there was an unusual amount of somnolence, and indisposition to make any physical effort. After this condition had lasted some months, he was seized with apoplectic coma and died. I had diagnosed the case as cerebral softening, but a post-mortem revealed a tumor of the size of a hen's egg or larger, occupying the right frontal lobe and pressing the first right frontal convolution well over into the left hemisphere. Dr. Winslow, now of Pittsburgh, examined it under the microscope, and, I think, diagnosed it as a sarcoma. So far as I could discover, the patient exhibited no impairment of any one of the special senses, no convulsive seizures and no form of sensory or motor paralysis.

Apropos of one of the cases cited by Dr. Vischer in his paper, Dr. Morgan asked whether *magnesia phosphorica* had been thought of to control the hiccupping. In answer to Dr. Dunning, he said that hiccupping was not found in the pathogenesis of *magnesia phosphorica*, but that relief of the symptom was obtained by the administration of the remedy.

On motion adjourned,

EDWARD M. GRAMM, M.D.,
Secretary.

POST-GRADUATE COURSE, Chicago Homœopathic Medical College.—The fourth annual post-graduate clinical course of lectures given by the Faculty of the Chicago Homœopathic Medical College will begin on Monday, April 9, 1894, at 9 A.M., and continue two weeks. It will be eminently practical, and will be open to all graduates in medicine and surgery, of whatever school.

All the teaching will be by means of clinics, subjects and specimens, and will illustrate the latest methods both for diagnosis and treatment. Many of the important operations in the various specialties will be practically demonstrated.

The courses will be as follows: Official Surgery, Prof. Pratt; Physical Diagnosis and Carcinoma, Profs. Mitchell and Roberts; Surgical and Medical Diseases of Women, Profs. Streeter and Willard; Operative Surgery, Prof. Adams; Orthopædic Surgery, Prof. Beebe; Diseases of the Skin, Prof. Kippax; Diseases of the Eye, Prof. Buffum; Operative Obstetrics, Prof. Foster; Leprosy, Prof. Delameter; Infant Feeding, Prof. Tooker; Sanitation of the Lying-in Room, Prof. Grosvenor; Diseases of the Throat and Nose, Prof. Stearns; Urinalysis and Renal Diseases, Prof. Clifford Mitchell; Materia Medica, Profs. Woodward and Cowperthwaite; Dental Surgery, Prof. Gardiner; Apoplexy and Electrical Therapeutics, Prof. Hood; Bandaging and Anæsthetics, Prof. Blouke; Bacteriology, Prof. Thomas; Dissection, Prof. White.

THE MISSOURI INSTITUTE OF HOMŒOPATHY will hold its eighteenth annual session in St. Louis, on Tuesday, Wednesday and Thursday, April 17th, 18th and 19th. The Missouri Institute is so well known for the excellency of its meetings, that it needs no eulogies. An unusually good corps of chairmen have secured an exceptionally good list of papers from distinguished physicians, and the success of the meeting is thereby assured.

H. J. RAVOLD, M.D.,
Gen. Secretary.

STATEMENT CONCERNING THE HARPER MEMORIAL HOSPITAL AND DISPENSARY OF PHILADELPHIA.—The Harper Memorial Hospital and Dispensary, of Philadelphia, was inaugurated November 17, 1892, by the formation of a Board of Managers under the auspices of the Young Ladies' Home Missionary Society of the North Broad Street Presbyterian Church. This society of young ladies has for some time been particularly interested in charitable work in the northwestern part of Philadelphia, but, determining to make the carrying on of a hospital and dispensary in that part of the city the chief aim of its missionary effort, the Society placed the matter in the hands of a Board of Managers, consisting of five members of the Society and three physicians.

The Board of Managers meets regularly each month, and works under a Constitution and By-Laws. The annual meeting of the Board is in May, at which meeting reports for the year are read and summaries prepared for presentation to the Society.

The Board of Managers elects, to serve for one year, a staff of physicians and surgeons to the hospital and dispensary, which staff is organized under by-laws which provide for regular meetings the first day of each month and an annual meeting just prior to the annual meeting of the Board of Managers, to which it presents an annual report.

At the present time the dispensary is the only department in operation, the effort being made to make this a success before starting the hospital.

The dispensary first opened November, 1892, at No. 2646 W. York street in a two-story building, occupying four of its rooms, the other two rooms being devoted to the use of the janitress. During the year ending November, 1893, there were 3934 visits paid to the dispensary, and 2637 prescriptions were given out. There was received for prescriptions during the year, \$206.96, and 730 prescriptions were furnished free. At the present time five physicians are in attendance, and the consulting staff numbers eight.

The amount of work, both of organization and development, connected with the operation of the dispensary, has been very great, but it has been productive of good results.

On February 1, 1894, the dispensary was removed to new quarters, 2913 Diamond street, where it will be possible to offer greater facilities for treating patients. As these facilities are added to and opportunity offers, the staff of physicians and surgeons will be increased.

The quarters at York street were too contracted, hence the resolution to move to Diamond street, a move not without its increased financial liability. The income from prescriptions and dispensary contributions is, of course, only a fraction of the total income necessary to meet the expenses of the organization. The Board provides for some of these expenses through entertainments and contributions secured from private sources. It is proposed, in order to add to the income, to create a board of contributors, of unlimited number, contributions to be regulated by voluntary subscription, the board to meet monthly and annually, at its annual meeting electing one member to serve on the Board of Managers. An annual contribution will entitle the contributor to membership in the board of contributors.

A great work is before us. We want to accomplish far greater good this coming year than we did the last. To do this, our income must be considerably added to. The cause is worthy;

the field is wide; the workers are willing, but every possible financial assistance is essential to secure good work.

Persons desirous of contributing to the funds of the institution or of becoming one of the board of contributors will please address Mr. Geo. W. Marshall, 1638 Green street, the representative to the Board of Managers, or any of the following:

Board of Managers.—Miss A. Maud Taylor, President, 1794 North Twenty-first street; Miss E. Frances Jarden, Treasurer, 1621 Wallace street; Miss Helen S. Ledyard, Secretary, 1622 Green street; Miss Carrie D. Marshall, 1638 Green street; Miss Sallie Jarden, 1508 Girard avenue; L. T. Ashcraft, M.D., 1631 Diamond street; A. B. Lichtenwagner, M.D., 2435 N. Seventh street; George W. Marshall, Esq., 1638 Green street.

Visiting Staff.—L. T. Ashcraft, M.D., President, 1631 Diamond street; A. B. Lichtenwagner, M.D., Secretary, 2435 N. Seventh street; F. Van Gunten, M.D., 2407 North Seventeenth street; Ellis F. Biscoe, M.D., 2201 North Eighteenth street; Theodore T. Gittens, M.D., 1716 Diamond street; Wm. S. Ambler, M.D., Executive Officer and Pharmacist, 4448 Germantown avenue.

Consulting Staff.—Dr. C. M. Thomas, 1623 Arch street; Dr. W. B. Van Lempe, 1421 Spruce street; Dr. J. N. Mitchell, 1222 Walnut street; Dr. E. R. Snader, 149 N. Twentieth street; Dr. Wm. W. Van Baun, 419 Pine street; Dr. M. S. Williamson, 1311 Arch street; Dr. Isaac G. Shallcross, 1631 Arch street; Dr. W. H. Middleton, 1794 Girard avenue.

THE ST. LOUIS HOMOEOPATHIC MEDICAL SOCIETY held its regular meeting at the Public Library building, March 3d. Reports from the different committees were read, and the name of Dr. C. H. McDowell reported favorably for admission by L. C. McElwee, Chairman of the Committee on Membership. He was admitted by acclamation. Dr. W. B. Morgan presided at the meeting, and Dr. F. D. Canfield, secretary of the society, read an interesting paper on "The Differential Diagnosis of Eruptive Fevers." He stated that there was a time in the cases of measles, scarlet fever and small-pox, when they were very similar, and they should be carefully differentiated.

This statement was generally discussed by the members, who, in the

main, agreed with the proposition laid down by Dr. Canfield.

Dr. Kershaw, in speaking of the treatment in eruptive fevers, said that the best mode consisted in a closed room and high temperature, while only hot food and hot drinks should be administered. This treatment, he alleged, would develop the disease. The Doctor's system met with disfavor at the hands of his brother members. Dr. L. C. McElwee was of the opinion that a patient should be allowed whatever the appetite craved, be the article desired warm or cold. A physician could not lay down an iron-clad rule and say this must be followed in every case. The opinion was pretty general among the members that a patient's reasonable cravings should be satisfied, and Dr. Lindley went so far as to say that the hot water, hot room, hot food treatment was the invention of the devil.

Red-light treatment for small-pox was slightly touched upon by Dr. McElwee, and measles was agreed by most of the physicians to be more contagious than either scarlet fever or small-pox.

THE DENVER HOMOEOPATHIC CLUB met at the Brown Palace Hotel, February 26th. The principal business of the meeting was the appointment of medical and surgical staffs and specialists for several charitable institutions in the city.

The Denver Orphans' Home was supplied as follows: Drs. Eliza J. Wall, E. H. King, J. C. Irvin, R. M. Lyon, W. A. Burr, S. F. Shannon, S. S. Smythe, W. T. Burg, J. Wylie Anderson, G. S. Peck, S. S. Kehr, C. W. Enos, E. F. Stark, J. P. Willard.

The Haymarket Mission Dispensary: Drs. J. L. Alexander, J. W. Anderson, J. B. Kinley, G. S. Peck, S. S. Kehr, E. G. Fryermuth, R. M. Lyon.

Deaconess' Home Hospital: Drs. J. B. Willard, J. B. Kinley, E. H. King, G. S. Peck, J. W. Harris, W. A. Burr, J. W. Anderson, W. F. Burg, S. S. Smythe, R. M. Lyon, J. D. Nye, J. C. Irvin, J. L. Alexander, E. G. Fryermuth, S. S. Kehr, C. W. Enos, S. F. Shannon, E. J. Wall, B. O. Wheeler, Eugene F. Stork.

W. C. T. U. Day Nursery: Drs. J. H. Morrow, E. G. Wall, C. E. Tennant, S. F. Shannon, J. L. Alexander, R. M. Lyon, J. B. Kinley, W. F. Burr and C. W. Enos.

The paper of the evening was on "Childhood," read by Dr. Irvin and discussed by Drs. Alexander, Tennant and Burr.

ANNUAL REUNION OF THE ALUMNI ASSOCIATION of the Hahnemann Medical College, Philadelphia, Tuesday, May 8, 1894.—The Alumni Association of the Hahnemann Medical College, Philadelphia, requests the pleasure of the company of the Alumni of the College, at its Annual Reunion and Banquet, on Tuesday, May 8, 1894.

The Business Meeting will convene at 4.30 P.M. in Alumni Hall, Hahnemann Medical College, Broad Street above Race, Philadelphia, and the Banquet will be held at 10 P.M. at "The Stratford," corner of Broad and Walnut Streets.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Forty-sixth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, Broad and Locust Streets, Philadelphia.

Banquet cards can be secured from any officer of the Association at \$3.50 each. The cards being limited to two hundred, the committee cannot guarantee to furnish any applied for after May 7, 1894. If you can make arrangements to be present at the Banquet, notify the Secretary, and he will secure a place for you.

W. W. VAN BAUN, M.D.,
Secretary.

419 Pine Street, Phila., Pa.

Officers.—President, I. Tisdale Talbot, M.D., '53, 685 Boylston Street, Boston, Mass.; Vice-Presidents, C. S. Middleton, M.D., '62, 1523 Girard Avenue, Philadelphia; Asa S. Couch, M.D., '57, Fredonia, N. Y.; William J. Hawkes, M.D., '67, Central Music Hall, Chicago, Ill.; Permanent Secretary, William W. Van Baun, M.D., '80, 419 Pine Street, Philadelphia; Provisional Secretary, George W. Smith, M.D., '76, 1320 Walnut Street, Philadelphia; Treasurer, William H. Bigler, M.D., '71, 1524 Arch Street, Philadelphia; Executive Committee—one year, Carl V. Vischer, M.D., '87, 1429 Poplar Street, Philadelphia; Thomas H. Carmichael, M.D., '86, 4495 Main Street, Germantown, Philadelphia; Edward W. Mercer, M.D., '84, 157 N. Fifteenth Street, Philadelphia; two years, William B. Van Lennep, M.D., '80, 1421 Spruce Street, Philadelphia; Isaac G. Smedley, M.D., '80, 1705 Arch Street, Philadelphia; William R. King, M.D., '81, 1422 K Street, Washington, D. C.; three years, M. S. Williamson, M.D., '72, 1311 Arch Street, Philadelphia; William H. Keim, M.D.,

'71, 2015 Ridge Avenue, Philadelphia; Joseph C. Guernsey, M.D., '72, 1923 Chestnut Street, Philadelphia.

COOK COUNTY, ILL., HOMŒOPATHIC MEDICAL SOCIETY.—Sun spots, auroral displays and great atmospheric disturbances have combined to render vaccination a terror to the average individual during the past four months in which small-pox has existed in the city. This is the explanation offered by the Cook County Homœopathic Medical Society to the man whose sore arm has too often been in the hands of his friends, and to the woman who has had to walk with a suspicious limp for several weeks. These celestial phenomena are also associated with small-pox, although to what extent it is hard to determine, according to the theory advanced by Dr. T. C. Duncan at the March meeting of the society. As a result of the argument and data furnished by the doctor, the society adopted the following resolution:

Whereas, from our experience with vaccination and small-pox, especially for the last twenty-five years, there seem to be cycles when vaccination takes severely and small-pox is prevalent, and

Whereas, these epidemics seem to be coincident with great atmospheric changes as observed in maximum magnetic disturbances, auroral displays and sun spots, which occur about every eleven years; therefore

Resolved, that we believe extra precautionary measures should be enforced by boards of health at the approach of these epidemic cycles, and that vaccination and revaccination should be repeated and made compulsory at least every eleven years.

In presenting his theory Dr. Duncan supported it with observations and data collected during a long experience in the profession, and corroborated his opinions by facts gleaned from the history of several centuries. So convincing were his remarks that the society adopted the resolution with but few dissenting votes.

Dr. Duncan is now in Texas, and a full exposition of his theory cannot be given. Among his medical brethren there is a variety of opinion on the subject, the majority of those interviewed not being willing to believe in the idea that small-pox epidemics were in any manner coincident with sun spots, magnetic disturbances and other convulsions of nature. All agreed, however, that vaccination had been attended with symptoms of unusual severity during the past four months.

Dr. J. E. Gilman, who has had an experience of more than twenty-five years, was fully in accord with the theory that great magnetic disturbances were coincident with epidemics, but could not recall any facts to prove that they recurred with any regularity.

"I believe that when great atmospheric disturbances take place with frequency there is an increased amount of illness," he said, "often coincident with epidemics. During the middle ages there were fearful epidemics at periods marked by tremendous convulsions of nature and changes in the atmospheric conditions. I am not prepared to say that these periods were of average regularity. Of the necessity and efficacy of vaccination, however, I am thoroughly convinced. Immediately after the great fire I was made secretary of the relief and aid society, which made vaccination compulsory upon those applying for assistance. We made 30,000 vaccinations, and I made a record of the effects on all but 4000 of the cases as a means of preventing small-pox. From that record and subsequent investigation we found that a vaccination made in childhood would take again in seven years; a second vaccination would take again in eleven years, and a third in fifteen years. It was also found that in that time there would be a certain number of cases of small-pox, accompanied by very slight illness after the second vaccination, and scarcely distinctive after the third vaccination. If this precaution was repeated every five years by every person in the world it would not be long until small-pox would become extinct."

THE ST. LOUIS HOMŒOPATHIC MEDICAL SOCIETY held their regular meeting on February 17th, the paper of the evening being on the subject of scarlet fever, and was read by Dr. F. T. Knox. The paper described the symptoms of the disease as being very similar to those of measles and small-pox and easily mistakable for them, consisting of scarlet rash, high temperature, red and prominent papillæ of tongue, peculiar brilliant, glistening stare and sore throat. The doctor recommended belladonna, aconite, bryonia, arsenic and mercury in the various stages of the disease. He also believed that the body should be well oiled and rubbed with vaseline and sponged with diluted acetic acid. Dr. McElwee called attention to the symptom of a peculiar swelling at the roots of the nails. He had practiced twelve years and never lost a case. Used sweet oil instead of vaseline for rubbing the body; treated his cases with

nitric acid, the Indian turnip and belladonna. Dr. Lindley had used apis and rhus with good effect. Dr. McDowell stated that the malignancy of the disease differed with years. His principal trouble was with ear and thigh complications. He used a wet sheet instead of oil.

Dr. Canfield stated that his principal trouble had been with kidney complications, for which he used apis with the best results. Dr. Kershaw had found that a room kept at a temperature of from 80° to 90° was an important factor in the treatment of the disease. At different stages he used apis, muriatic acid, iodide of mercury, bryonia and belladonna. It was principally dangerous on account of its brain, ear and kidney complications. All agreed that it was curable, and rightly handled should not result in deafness, lameness, brain trouble or other difficulties that frequently follow it.

MASSACHUSETTS HOMŒOPATHIC HOSPITAL.—The annual meeting of the corporation of the Massachusetts Homœopathic Hospital, Boston, was held in that institution. Col. C. R. Codman presided. The usual routine business preceded the presentation of reports.

The report of the trustees was a very interesting document, containing statistical information relative to the hospital work and expenditures. Reference is made to the increased number of patients cared for, rendered possible by the enlarged accommodations of the institution. The largest number of patients ever treated in one year was during 1893, numbering 1097, an increase of 308 over the preceding year. When the new buildings are completed, furnished and equipped, the report states that it will be possible to treat a still larger number. Two wards, with a capacity of 24 beds, are still unfurnished.

An additional free bed, known as "the first hospital free bed," has been established, making the number of permanent and life free beds, 22.

The death rate, compared with other general hospitals in the city, continues low, it being for the year 1893, 3.37 per cent.

Eleven pupils were graduated in '93 from the training school for nurses connected with the hospital. There are now 42 pupils in the school, with 52 applications for admission. The receipts of the board during the past year, representing the net earnings of the pupils of the schools for private duty, amounted to \$3113.

The income of the year, derived

from rent of Beek Hall, interest on invested funds, annual subscriptions, donations of sums not exceeding \$100 each, free beds and other sources, was \$16,169.90. There was also received from paying patients, \$25,358.09, and from extra nursing and incidentals, \$3187, making the total receipts, \$44,705.99.

The ordinary general expenses, including ordinary repairs, cost of administration and supplies, rent of nurses' home, insurance, advertising, printing, etc., amounted to \$47,882.14, exceeding the ordinary receipts by \$3176.16.

In addition to this, the sum of \$903.92 was expended for furnishing the new wards, of which sum \$150 represented the contribution of Mrs. E. T. Colburn, making the cost to the hospital \$753.92. During the past year the trustees have felt constrained to make or contract for repairs to an unusually large amount, as follows: Remodeling and repairing drainage, \$1820.40; alterations of central building, \$1500; new copper roof, surgical wing, \$346; tinning dumb-waiters, \$80; rearranging elevators to meet city regulations, \$590; electric light plant, \$575; total, \$4911.50. This does not include architects' and sanitary engineers' commissions. For these items of expense, \$1707.97 have been paid, and the balance to be paid during the present year will not be far from \$4000.

The hospital has received the following amounts for establishing free beds since Jan. 1, 1893: From John C. Haynes, one free bed, \$5000; from estate of Philip Waldmeyer, for the support of free beds, \$1000; from estate of Catherine P. Perkins, 2 free beds, \$12,000; total, \$18,000.

The bequest from Mr. Waldmeyer has been appropriated to aid in the support of the first hospital free bed. A bequest of \$20,000 has been received from the estate of the late Gideon F. T. Reed. During his lifetime Mr. Reed gave most generously to the hospital, his benefactions exceeding those from any other private source. Including this bequest, the hospital has received from Mr. Reed sums amounting in all to \$80,000.

The addition made to the hospital in 1883 was rendered possible only through Mr. Reed's aid, and at the opening of the new buildings in November, 1884, the large company gathered did not know to whom thanks were due for the great material progress that the institution had made. In the opinion of the trustees, it is fitting that some memorial to Mr. Reed be placed in the hospital build-

ing to testify to his moral worth and noble philanthropy.

The following bequests have been made, which have not yet been received from the executors: Estate of Miss Mary A. Blood, \$5000; estate of Miss Abby J. May (free bed for aged women), \$5000; estate of Abby W. Pearson, annuity of \$100; estate of Margaret A. Capen, for a free bed, \$5000; Elizabeth C. Jewett, contingent fund, \$5000.

In conclusion, the trustees in their report acknowledge continued obligations to the Ladies' Aid Association. In view of the great depression in business, they recognize that the present is not, seemingly, the most appropriate time to call upon friends for liberal contributions, yet they state that the needs of the hospital were never greater. No general hospital, the report says, can meet the wants of a growing community without a constant increase of its resources. It is estimated that it is necessary to add \$100,000 to the general fund in order to meet the demands which will soon be pressing. The income of the institution must be increased to meet the needs of patients whose restricted means will prevent them from paying for treatment to the same extent as in more prosperous times.

The election of officers for the ensuing year resulted as follows:

President, Charles R. Codman; Vice-presidents, Rufus S. Frost, Henry S. Russell, Chester Guild, Charles G. Wood; Trustees, E. W. Burdett, C. G. Chase, Isaac Fenno, David B. Flint, John A. Higginson, W. H. Horton, George H. Leonard, William Pope, George Henry Quincy, I. T. Talbot, Conrad Wesselhoeft, D. G. Woodvine, Mrs. Frank R. Allen, Miss Helen Collamore, Mrs. E. S. Converse, Mrs. Oliver Ditson, Mrs. A. S. Foster, Mrs. Rufus S. Frost, Miss F. E. Horton, Miss Ida Hunneman, Mrs. M. P. Kennard, Mrs. Rebecca T. Reed, Mrs. George D. Tyson, Mrs. Edward Whitney, Mrs. A. S. Woodworth, Mrs. John C. Haynes, Mrs. G. W. Grege-more; State Trustees, J. Louis Lousmaniere, James R. Eaton, Albert C. Burrage, Erastus T. Colburn, Henry Frost; Treasurer, Spencer W. Richardson; Secretary, George W. Jackson.

THE HARPER MEMORIAL HOSPITAL MEDICAL SOCIETY.—The first annual meeting of the Harper Memorial Hospital Medical Society met at the office of Dr. L. T. Ashcraft, 1631 Diamond Street.

The meeting was called to order by the President, Dr. G. Maxwell Chris-

time. Those present were Prof. Bigler, Drs. Christine, Ashcraft, Van Lennep, Van Bunn, Gittens, Biscoe, Van Gunten, Ambler, and Lichtenwalner.

The election of officers for the ensuing year resulted in the election of Dr. L. T. Ashcraft as President, Dr. T. Van Gunten as Vice-President, Dr. A. B. Lichtenwalner as Secretary and Treasurer.

The retiring President, Dr. G. Maxwell Christine, made his annual address, which was highly appreciated by all present. After the business meeting, the Society was entertained at a banquet by the President, Dr. L. T. Ashcraft.

ROCHESTER, N. Y., HOMŒOPATHIC HOSPITAL.—The annual meeting of the Homœopathic Hospital managers was held at the Freeman Clark home-stead, 224 Alexander Street. The Board of Governors was re-elected as were the Supervisors. The following officers were chosen: President, Mrs. Hiram Sibley; Treasurer, Mrs. Granger A. Hollister; Secretary, Mrs. John C. Woodbury.

Mrs. Woodbury's report as Secretary was as follows:

"The records of the past year are full of good work, faithfully accomplished. We trust we are on the threshold of larger possibilities and that we shall soon see all the new buildings in course of erection. Since our report of last January we have taken care of 695 patients, as against 606 last year; of this number 306 were treated gratuitously and 57 only partially paid for their care. Of the total days treatment of patients, namely, 15,955, 47 per cent. were absolutely free. While we have cared for one-sixth more patients this year the current expenses of the hospital have only increased one-tenth. Our free dispensary continues to be of untold benefit to the sick and 733 patients have been there since January, 1893, with 2397 prescriptions given. The plans for the new buildings have been drawn after careful consideration of the special needs of this hospital and have been accepted by the building committee. That most necessary equipment for a hospital, the Training School for nurses, has been doing much good work this last year. Sixteen nurses have been in the school during the year. The nurses have served on private duty about thirty-nine weeks, thus earning \$391 for the hospital. The Margaret Harper nurse, doing work among the poor in their own homes, has made 450 visits."

The following appointments have

been made by the Board of Governors:

Consulting Physicians—Drs. T. C. White, R. A. Adams.

Surgeon—Dr. J. M. Lee.

First Assistant Surgeon—Dr. N. M. Collins.

Second Assistant Surgeon and Pathologist—Dr. S. R. Snow.

Oculist and Aurist—Dr. E. J. Bissell.

Gynecologist—Dr. H. M. Dayfoot.

Obstetrician—Dr. E. H. Wolcott.

Attending Physicians—Drs. M. H. Adams, T. D. Spencer, J. W. Buell, C. R. Sumner.

House Surgeon—Dr. J. E. Ambler.

House Physician—Dr. F. R. Smith.

Dispensary Staff—Drs. E. J. Bissell, H. A. Anderson, C. A. Bachman, L. B. Hawley, H. W. Hoyt, W. P. Neefus, W. S. Rambo, S. R. Snow.

INDIANAPOLIS HOMŒOPATHIC MEDICAL SOCIETY.—At a recent meeting of the Homœopathic Medical Society of Indianapolis the following officers were elected for the year 1894: President, Dr. O. S. Runnels; Vice-President, Dr. W. A. Stewart; Secretary and Treasurer, Dr. Rebecca W. Rogers; Board of Censors, Dr. J. T. Boyd, Dr. J. D. George and Dr. L. W. Jordan.

This Society meets on the first and third Wednesday evening of each month, and is in a flourishing condition.

THE WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY held its regular quarterly meeting in the social room of the Y. M. C. A. Building, Worcester, Mass., February 14th. The following named physicians were present: Lamson Allen, J. M. Barton, Amanda C. Bray, Carl Crisand, E. A. Fisher, C. L. Nichols, E. D. Fitch, G. F. Forbes, J. P. Rand, J. K. Warren, all of Worcester; W. H. Bennett, Fitchburg; H. R. Brown, Leominster; E. A. Clarke, Westborough; F. P. Dunham, Barre; F. T. Harvey, Clinton; E. A. Murdock, Spencer; G. J. Searle, Marlborough; P. R. Watt, Stafford Springs, Conn.; D. B. Whittier, Fitchburg; G. H. Wilkins, Palmer.

The Bureau of Infectious and Contagious Diseases presented the program of the day, which comprised these papers: "Experiences in Variola," G. F. Forbes; "Measles," G. F. A. Spencer; "The Professional Rating of the Tubercle Bacillus," J. P. Rand; "Diphtheria," E. A. Murdock; "Treatment of Diphtheria," W. H. Bennett; "Scarlatina without Eruption," G. H. Wilkins.

These persons were added to the membership of the club: F. T. Harvey, Clinton; A. Don Hines, Westborough; Charlotte A. Rollins, Worcester; B. S. Stephenson and Nellie W. Stephenson, Littleton; and Frank R. Warren, Worcester. Dinner was served at the Lincoln House.

At the May meeting the subject will be: "Materia Medica and Therapeutics." August, "Diseases of Women and Children." November, annual meeting and "Surgery."

HOMŒOPATHIC COLLEGE FOR DENVER, COLO.—Articles of incorporation of the Denver Homœopathic College and Hospital have been filed at the office of the Secretary of State, the following being named as incorporators, and also as constituting the board of directors: Drs. N. G. Burnham, J. B. Kinley, E. H. King, S. A. Smythe, J. W. Anderson and W. F. Burg. It is intended to establish a first-class college with a full corps of teachers in all branches of medicine and surgery, and also to erect a hospital. Dr. Burnham will most likely be at the head of the institution, Dr. S. S. Smythe, dean of the faculty, and Dr. J. L. Alexander, secretary. So far as arrangements have already been made the chairs will be occupied as follows: Theory and practice of medicine, Drs. E. F. Storke, B. A. Wheeler, N. G. Burnham, S. S. Smythe; gynæcological and abdominal surgery, Dr. J. L. Alexander; medical diseases of women, D. W. A. Burr; surgery, Drs. J. W. Anderson and W. F. Burg; materia medica, Drs. S. F. Shannon and E. E. Tennant; diseases of the eye, ear, nose and throat, Dr. S. S. Kehr; anatomy, Dr. H. K. Dunklee; dermatology, histology and sanitary science, Dr. J. B. Kinley; physiology, Dr. R. M. Lyon; diseases of children, Dr. E. H. King.

THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.—The thirty-ninth annual meeting of the Illinois Homœopathic Medical Association will occur at Quincy, Illinois, on May 15th, 16th and 17th.

The Society extends to you an invitation to be present and present a paper on any medical or surgical subject.

Please send title to the secretary by March 20th, that it may appear in the official programme.

Fraternally yours,

WESLEY A. DUNN, M.D.,

Secretary.

A. K. CRAWFORD, M.D.,
President.

BROOKLYN HOMŒOPATHIC MATERNITY HOSPITAL.—There was a conference of board of managers and advisory boards and medical staffs of the Brooklyn Homœopathic Maternity Hospital and the Central Homœopathic Dispensary at the house of Sidney Starbuck, No. 44 Gates Avenue, regarding the erection of a new building for the Maternity.

The present location is at Nos. 44 to 46 Concord Street, but the hospital owns three lots at Washington Avenue and Douglas Street.

Dr. Avery, medical director of the dispensary, proposes to amalgamate the two institutions, and erect a joint building on the boulevard in the Twenty-fourth Ward, offering to pay \$3000 toward the building fund and \$1000 yearly rent.

The directors of the Maternity desire to build on its site at Washington Avenue and Douglas Street, although Dr. Avery will not join if such a step is taken. It was decided to ask Dr. Avery to make his proposition in writing, and then some action will be taken. The secretary was asked to send a petition to the benevolently inclined people of the city to subscribe to the new building. Donations amounting to \$4500 were promised at the meeting.

BOSTON HOMŒOPATHIC DISPENSARY.—The thirty-eighth annual meeting of the Homœopathic Medical Dispensary was held at No. 685 Boylston Street. The president, Mr. F. A. Dewson, presided, and congratulated the corporation upon the successful work of the dispensary during the past year.

From the report of the secretary, Dr. I. T. Talbot, it appears that the work has been larger the past year than in any preceding year. The dispensary treated 16,534 patients, and furnished 53,702 prescriptions.

The whole number of patients provided for since the dispensary was established is 257,119, and 697,473 prescriptions and visits have been made. There has been no time when the value of the dispensary has been better appreciated by the poor than in the present winter, when, from lack of work, many patients would otherwise have been unable to secure medical aid.

The dispensary is greatly in need of more funds to complete its present building, and at the same time to add thereto, what is of great importance, a maternity department.

The report of the superintendent showed that the main part of the work

is done in the dispensary building, No. 750 Harrison Avenue. Here, during the last year, 14,386 patients have been treated, and 47,698 prescriptions prepared. Of out-patients there have been 3803, to whom 16,412 visits have been made. There have been 176 obstetrical cases treated, many of them under the most adverse circumstances, with the most favorable results.

In the West end branch, located in the charity building, in the men's department, there have been treated 1019 patients, with 2097 prescriptions; in the women's department 516 patients, with 934 prescriptions. One hundred and forty-eight patients have been visited at their homes, with 551 visits, and there have been four obstetrical cases.

The Central dispensary, at No. 14 Burroughs place, has cared for 461 patients, with 1932 prescriptions.

From the report of the treasurer, Dr. J. W. Clapp, it appears that the total income amounts to \$5583.03, of which \$435.36 was in the hands of the treasurer at the beginning of the year. The total expenses for the year have been \$5267.74, leaving in the treasury \$315.09. The dispensary has a debt of \$9000, on which it is paying interest. The removal of this debt and the increase of the building fund would place the dispensary in a still more useful position.

The following were elected officers for the ensuing year:

President, Francis A. Dewson; Vice-Presidents, Lewis G. Lowe and Charles G. Chase; Treasurer, J. Wilkinson Clapp; Secretary, I. Tisdale Talbot; Trustees, Chester Guild, Russell S. Codman, Mrs. F. R. Allen, Mrs. B. F. Pitman, Mrs. J. H. Thorndike, Mrs. A. J. Baker-Flint, Herbert C. Clapp, D. G. Woodvine, Alonzo Boothby, A. L. Kennedy, J. P. Sutherland and S. H. Biddgett.

W. S. SEARLE, M.D., RESIGNS.—Hon. A. J. Upson, Chancellor, etc. Dear Sir: I hereby resign my office as a member of the Homœopathic State Board of Medical Examiners.

I cannot endorse the certificates of licentiates who have not been examined upon the physiological effects, uses and doses of drugs, and the sole test of whose competence to practice medicine in the important department of materia medica, therapeutics and practice has been confined to the field of a strict and exclusive homœopathy.

Respectfully yours,

W. S. SEARLE.

BROOKLYN, Feb. 26, 1894.

THE ALAMEDA COUNTY CALIFORNIA HOMŒOPATHIC MEDICAL SOCIETY, held a regular monthly meeting, Tuesday evening, February 20th. The session under consideration was surgery. Dr. A. H. Chamberlain read a most excellent paper on hæmorrhoids. Dr. Susan J. Fenton presented a very interesting case. Dr. J. M. Selfridge read a paper on hare-lip, with the report of a case which was of great interest. Discussion of papers then followed, after which the society adjourned.

STEELE COUNTY, MINN., MEDICAL SOCIETY.—As a sign of the approach of the millennium may be noted the meeting of the Steele County Medical Society, held February 27th, in which the physicians of all the different schools in this county were represented—allopaths, homœopaths and eclectics. Theodore L. Hatch, M.D. (eclectic), was elected president, and in appreciation of the honor he banqueted the members of the society and their wives at the Owatonna.

POTASSIUM PERMANGANATE IN LAUDANUM POISONING.—Since the publication of the experiments with this new antidote, the hospitals have been watching for an opportunity to test its efficacy. The Pittsburg Homœopathic Hospital recently received a case as follows:

G. D., an employee of the Eureka Ice Company, was found late at night in the stable of the company, after he had taken over three ounces of laudanum. One drachm of laudanum may produce death, but half-an-ounce invariably proves fatal. A physician worked with him about an hour, and then he was sent to the Homœopathic Hospital. When he arrived at the institution he was blue in the face, and his death was regarded as a certainty. It was evident that attempts to keep the man alive by exercise would prove fruitless. Artificial respiration was tried, and, as usual in such cases, the man's stomach was emptied and strong coffee pumped in. These efforts were without avail, and the man's death was regarded as a matter of only a few minutes.

Dr. E. R. Gregg, the house physician, and Dr. G. B. Moreland, the house surgeon, were in charge. When they saw there was absolutely no hope of saving the man's life by the usual methods, the two physicians decided to try permanganate of potash. They had no data to guide them, but decided to use the permanganate solution in small quantities at first and watch the

effect. Two drachms of the solution were injected in the man's arm. He had been stretched out on a cot in the emergency ward.

The pulse was just perceptible, although laudanum does not affect the circulation so much as it does respiration. The danger is in the paralysis of the respiratory organs. When no apparent effect was produced by the first injection, a second was administered, being the same in quantity. Still there was no visible change in his condition, although life still remained.

A third injection was given. For a few minutes there was no change, and then Dr. Gregg noticed a slight movement of the muscles of the fingers. Another injection was given, and a few minutes later the anxious group about the bed was thrilled when the patient slowly lifted his hand to his mouth.

Mr. Reed, the man's employer, then shouted in his ear and the patient slowly turned his eyes. After the fifth injection the patient looked at Mr. Reed and inquired:

"Am I Tom or John!" He had apparently lost all knowledge of identity. The sixth injection was given, and the patient was declared out of danger.

NEW TREATMENT FOR TUBERCULOSIS.—One great problem that has for years baffled physicians and scientists is a remedy for the cure of lung diseases. Much study and experiment have been devoted to the matter, and a few years ago Dr. Koch advanced a solution which attracted widespread attention. The stir produced throughout the United States and Canada by the announcement that Koch's lymph would cure consumption, caused many bacteriologists to turn their attention to the study of tuberculosis and kindred diseases. Koch's theory, and particularly his experiments, brought forth a great deal of criticism, and the apparent negative results obtained seemed to settle any further efforts in his line of investigation. But extensive work in the direction of preventing and eliminating these germ diseases has been prosecuted with great vigor in many laboratories since that time, and few scientists doubt that in time an effectual remedy will be discovered. No departure from the idea of treating the diseases by the method of inoculation seems to have been contemplated, and all efforts have been directed to the perfection of that plan.

Modern medical science has demonstrated, it is said, the necessity of treating constitutional diseases by radical, scientific methods, and little faith

is now placed in "palliative" remedies. All medical discoveries are received with mixed feelings. Some physicians are willing to try them and await results. Others look with grave suspicion at any attempt to penetrate into a hitherto unexplored field.

Dr. Henry G. Pyle, of Cleveland, O., has made a long series of experiments on this subject, and the results obtained lead him to believe that he has discovered a scientific cure for tuberculosis, commonly known as consumption. Dr. Pyle is lecturer on bacteriology at the Cleveland University of Medicine and Surgery, and the director of the pathological and bacteriological laboratory of that institution. He was formerly inspector of meats for the interstate and foreign markets at Chicago, and about a year and a half ago was appointed inspector of meats in Cleveland. He has received considerable recognition as a microscopist and bacteriologist.

Dr. Pyle said that when his father died several years ago of what the physicians termed pneumonia, he was not satisfied with that diagnosis, as the disease was a lingering one, and when Koch's discovery was made known to the world he determined to experiment with the view of finding a cure for tuberculosis.

"I noted animal tuberculosis," said the doctor, "and thought if the poison of cow-pox would prevent small-pox, why should not some other disease-germ prevent tuberculosis? Seeing a similarity between cow-pox and small-pox made me think the way to find a remedy for consumption was to work on the same plan. From that time I watched while working on animals for a chance to apply that principle. I found that a disease-germ of one variety, when inoculated in an animal, would produce its own disease. After that germ's disease is produced the animal will have a certain degree of immunity from all other diseases produced by similar germs. There has been some talk in medical journals on that point lately. Finding those diseases to be prevented by first giving the animal a similar disease, my next step was to produce pathological changes or diseases with the germ-products without the germs, as each germ produces one or more poisons, which, if inoculated in sufficient quantities, will produce the disease which is natural for that germ to produce, or many symptoms common to that disease. I then took those products which are destructive to the germ which produces tuberculosis. I have avoided the attempt to kill tubercular

germs with tuberculous germ-products, as Koch attempted, but have used the poisons produced by similar germs to destroy the tuberculous germs. Having succeeded in finding the poisons that would destroy the tuberculous germs, I produced diseases in animals by the germs which produced the poison to destroy the tuberculous germs. Having produced diseases by these germs I made a study of those diseases in comparison with tuberculosis and selected as a foundation for my future experiments those diseases which microscopically nearest resembled tuberculosis.

"I have experimented entirely upon animals, and my system has been tried by others with excellent results upon human patients suffering from consumption. Dr. W. Peters, of Lancaster, has been carrying on experiments with my treatment, and has secured marked results. Patients who were preparing to die are now walking about and on the road to recovery. A physician in Wesleyville, Pa., also administered the treatment to the daughter of a minister named Bennett. The young woman, who was confined to her bed, is improving rapidly, and only a few days ago wished to walk four miles, but was restrained by her parents.

"This treatment differs from Dr. Koch's in that he attempted to 'encyst' the germ by inoculating the lymph, while I purpose to destroy the germ by poisoning it. His lymph was injected, while my treatment is taken as a powder. The greatest difficulty I experienced was in determining how much of the poison could be administered without endangering the patient's life, but that point has been settled, and I can say, with absolute certainty, that the treatment can be taken without injury to the patient.

"I do not claim that it will cure all cases of consumption. There are cases beyond human power. I can hope to cure only those cases in which no great tissue changes have occurred. If one lung is entirely gone, and the other badly diseased, it would be entirely out of reason to believe I could save the patient. While I have reached such results that I am assured of a marked success, there are details that must still be worked out, and the result will not be given to the world before next summer. I do not intend to keep this treatment to my own use exclusively. In fact, I would be glad to arrange with some laboratory to prepare the germ products and dispense it free. The laity cannot prepare the treatment. It can be done only in complete bacte-

riological laboratories. If my discovery proves all I hope it will, I shall be thoroughly satisfied. I expect to derive no direct profit; if it increases my reputation as a scientist I will ask nothing more. I also hope by further experiments to fortify the human system against tuberculosis. I shall first fortify the system of animals, and then inject tuberculosis germs and watch the result."

A well known doctor of Cleveland, who holds a chair in the Cleveland University of Medicine and Surgery, said that except for his connection with the college he would be only too glad to endorse Dr. Pyle's treatment over his signature, as he had used it for about three months with remarkable success. Two ladies who had been confined in bed with consumption for some time, had yesterday afternoon called at his office and were greatly improved.

The medical world will watch with interest Dr. Pyle's experiment.

THE NATIONAL HOMEOPATHIC ASSOCIATION of Washington, D. C., held its annual meeting, in parlor 10 of Willard's Hotel.

There was a large attendance of members. Vice-President E. S. Hutchinson presided in the absence of President Dalzell. The reports of officers showed the association to be in a most flourishing condition.

The report of the president of the board of trustees states that valuable improvements were made to the buildings and more work accomplished during the past year than in any previous year. Inclusive of the balance brought forward from the preceding year the total receipts were \$18,662.67, of which the Ladies' Aid Society raised \$2,970.47 and patients paid \$6,201.75. The Government appropriation amounted to \$7000.

During the past year 465 patients have been treated, 302 of them being free. The Training School for Nurses is a considerable item of expense, but it will in a few years be self-sustaining.

By the efforts of the Ladies' Aid Society a laundry was added to the hospital during the year. Further improvements needed are bath and bedrooms, diet kitchens on each floor, and other minor alterations involving the probable expenditure of \$2500.

The election of officers resulted as follows: President, Hon. John Dalzell; Vice-presidents, Mr. E. S. Hutchinson and Mrs. Charles Nordhoff; Secretary, Mr. Lewis Clephane; Treasurer, Mr. S. S. Shedd; Board of Trustees, Messrs. John Joy Edson, Charles

Lyman, J. G. Hill, John B. Wight, S. S. Shedd, Mmes. A. R. Quaiße, I. M. Bittinger and Sara A. Spencer.

The following resolution was offered and unanimously adopted:

Resolved, That the managers of the hospital take this means of extending a cordial invitation to all the friends of homœopathy in the District who are interested in the success and prosperity of the Homœopathic Hospital to enroll themselves as members either of the Hospital Association or the Ladies' Aid Society.

Applications may be made to Mr. John Joy Edson, 1003 F Street, northwest.

MONTREAL HOMŒOPATHIC HOSPITAL.—Montreal homœopaths are jubilant over a piece of good fortune which has recently come to them. A kind and sympathetic friend has given them a sum of money which will enable them to establish an infirmary in which they can have hospital treatment by their own physicians according to their own methods.

For many years they have had an organization known as the Montreal Homœopathic Association, which has a charter empowering it to carry on a dispensary, a hospital and a college for the promulgation of the *similia similibus curantur* principle, upon which they base their administration of medicine in the treatment of disease. But while the disciples of Hahnemann are neither a small nor an obscure following in Montreal, they have, for one reason or another, not been able so far to successfully carry out their cherished plans. Several attempts have been made to carry on a dispensary, but without success. Almost a year ago, however, new life was infused into the organization. A vigorous canvass resulted in a considerable increase in the membership of the Association, and its objects and desires received considerable consideration. The great difficulty was felt to be the want of hospital accommodation where public or private patients could be treated according to homœopathic principles.

Some months before the opening of the Royal Victoria Hospital, application was made, by a numerous signed petition, supported by an influential deputation, asking the governors to set aside a portion of the new hospital for homœopathic practice. The decision of the governors was adverse, the reasons given being that the hospital was not laid out in such a manner as to admit of the introduction of two systems of practice. Application was

next made to the managing committee of the Montreal General Hospital for the privilege of having homœopathic physicians attend in the public wards such patients as might desire that method of treatment. If that were found impracticable, that private patients might be treated in private wards by homœopathic physicians.

These applications were referred by the managing committee to the medical staff for decision, by whom it was considered impracticable to admit another school of practice.

In connection with this latter application many persons learned that not only were homœopathic physicians refused the privilege of attending private patients, but allopathic doctors who are not members of the hospital staff are likewise debarred. The result is, that when an allopathic doctor has a patient needing hospital treatment he must take him to Notre Dame or the Hotel Dieu, to both of which places any recognized physician is allowed to bring his patient and treat him according to his own views.

It thus became evident that the homœopaths would be under the necessity of providing an institution of their own, and it was about this time that the lady friend before referred to came forward with a donation with which the property 44 McGill College Avenue has been purchased. This house is a fine three-story one; possession will be had the first of May, when the premises will be adapted for a dispensary and infirmary on homœopathic principles.

The Association has prepared a set of by-laws providing for the organization of a governing body for the institution and offering the usual inducements of life governorships, etc., to subscribers to the funds. A few months should see the new institution a valuable adjunct to Montreal's already fine list of humane institutions.

PULTE ALUMNI REUNION.—The Annual Reunion of the Alumni Association of Pulte Medical College will be held in Cincinnati, Tuesday, March 27th. Following the time-honored custom, the business meeting will be held in the afternoon at 3 o'clock in the College Building. In the evening, after the commencement exercises, in the Scottish Rite Cathedral, on Broadway between Fourth and Fifth Streets, the Alumni of Pulte Medical College, the Class of '94, the undergraduates, the trustees and the faculty will adjourn to the Cathedral parlors, where the social features of the annual reunion will take place.

EDITORS HAHNEMANNIAN MONTHLY.—Certain young men, connected more or less with the Philadelphia *Medical News*, having lately had "lots of fun" at the expense of homœopathy, the source of their joy should be known if possible.

The literal reading of their initials, as every reader perceives, *stands for but a very little*; but oh, the mystical "inner sense," there is "where the fun comes in!" Number One, being a doctor, finds his happiness in the mystic words: "Darn Similia Similibus Curantur." The other drops his medical title in order to solace himself for the recent loss of \$100 in a recent anti-homœopathic dilution "gift enterprise," by taking a double draught of the mystic nectar, viz., "Get My Gold, but Give Me Gore!"

Yours, for Fun, M.

THE INDIANA INSTITUTE OF HOMŒOPATHY will hold its twenty-eighth annual meeting at the State House, Indianapolis, on May 17th and 18th, 1894. The following are the officers: President, M. H. Waters, M.D., Terre Haute; Vice-President, W. T. Gott, M.D., Crawfordsville; Second Vice-President, E. B. Grovesnor, M.D., Richmond; Treasurer, J. S. Martin, M.D., Muncie; Secretary, W. B. Clarke, M.D., Indianapolis. Censors, W. R. Bentley, M.D., Norristown; Alice C. Nivinson, M.D., La Fayette; J. D. George, M.D., Indianapolis; J. A. Compton, M.D., Indianapolis.

BROOKLYN HOMŒOPATHIC HOSPITAL.—Candidates for appointment on the House Staff will apply for particulars to Dr. John L. Moffat, Chief of Staff, 17 Schermerhorn Street, Brooklyn, N. Y. Examination about the first week in May. Term of service begins June 1st.

HOMŒOPATHIC MEDICAL SOCIETY OF GERMANTOWN.—The regular monthly meeting of the "Homœopathic Medical Society of Germantown" was held on Monday evening, March 19, 1894, at Lincoln Hall, Main St. and Chelton Ave., Germantown. The discussion at the last meeting being the most interesting in the history of the society, it was decided to re-open the question of materia medica, drug proving and symptomatology. Drs. Korndoerfer, Dudley, Dunning, Snader, Mohr, Barnes, Christine and others took part in the consideration, and a full attendance of members of the club were present at this very important meeting.

JAS. H. CLOSSON, M.D., Sec'y.

THE WASHINGTON, D. C., HOMŒOPATHIC MEDICAL SOCIETY held a regular monthly meeting on Tuesday evening, March 6th, at the Dispensary building with a large attendance of the members. After a brief business meeting, papers were read by Dr. J. B. G. Custis, Dr. Wilson and Dr. Hilsop, which were discussed by the members present, and the society adjourned at 11 P.M.

THE MINNEAPOLIS HOMŒOPATHIC SOCIETY held a meeting on February 28th, and adopted resolutions in commemoration of the death of Dr. S. E. Dean. Dr. H. W. Brazie read a paper on the "Feeding of Infants," and Dr. H. C. Aldrich followed with a paper on "The Use of Cod-liver Oil."

THE KANSAS CITY HOMŒOPATHIC MEDICAL COLLEGE, held its sixth annual commencement exercises at the Grand Avenue Methodist Church, March 15th. The Rev. Dr. Charles B. Mitchell made the faculty address, and the dean of the college, Dr. Mark Edgerton, also spoke. Dr. W. D. Foster, vice-president of the board of trustees, awarded diplomas to the graduates: Miss Jennie Dart, Miss Fanny Parry, Frank Dunlap, Frank Bell, John Matchett, H. S. Henry and S. L. Royer.

PERSONALS.—A capable homœopathic physician, who would like to become financially as well as professionally connected with a prosperous Sanitarium, will do well to address Robert Walter, M.D., Walter's Park, Berks Co., Pa.

Dr. Millie J. Chapman announces her removal to 804 Penn Ave., Pittsburgh, Pa.

Dr. Anna M. Marshall announces her removal to 1928 Chestnut Street, Philadelphia.

Dr. B. H. Edmondson has removed to Gallup, N. M.

Dr. A. R. MacKenzie has removed to 1614 Mt. Vernon Street, Philadelphia.

Dr. R. E. Tomlin announces his removal to 2101 Franklin Street, Philadelphia.

Dr. G. Maxwell Christine has resigned as one of the Board of Managers and as one of the staff of physicians of the Harper Memorial Hospital and Dispensary, having had no connection with the institution since February 12th.

Henry Thomas, M.D., class of 1855, Hahnemann Medical College, Philadelphia, practicing at Llandudno, North Wales, Great Britain, died February 6, 1894.

THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

MAY, 1894.

CONTENTS:

	PAGE
Practice of Medicine—Hale. Repertory of Schussler's Tissue Remedies—Shannon.....	65
International Medical Annual—Treat Manual of Therapeutics—Stevens. Clinical Diagnosis—Abrams. Diseases of Children—Duncan. Text-Book of Gynecology—Wood.....	66
Lectures on Auto-Intoxication in Disease—Bouchard. Pamphlets. Homœopathic Medical Society of the County of Philadelphia. Training School for Nurses, Hahnemann Hospital, Philadelphia.....	67
Commencement of Chicago Homœopathic Medical College. Pittsburgh Homœopathic Hospital.....	68
Reunion of Alumni Association of Hahnemann Medical College, Philadelphia. Appendicitis—The Latest Fad.....	69
Commencement of Nurses' Training School, Hahnemann Hospital, Philadelphia. South-Central Pennsylvania Homœopathic Medical Society. American Institute of Homœopathy.....	70
Hahnemann Hospital, Philadelphia. Ohio Homœopathic Medical Society.....	71
How Extremely Liberal! The Medical Code.....	72
Medical Societies.....	73
Reading, Pa., Homœopathic Hospital and Dispensary Association.....	74
Buffalo, N. Y., Homœopathic Hospital. Sanitary Communion. Commencement of National Homœopathic Medical College, Chicago.....	75
Essex Homœopathic Medical Society. Western Massachusetts Homœopathic Medical Society. New Homœopathic Hospital, Brooklyn. Massachusetts Homœopathic Medical Society.....	76
Washington, D.C., Homœopathic Medical Society. National Mexican Homœopathic Hospital. Preliminary Education.....	77
New Homœopathic Hospital, Rochester, N. Y. Kings County Homœopathic Medical Society. Lowell, Mass., Hahnemann Club. Missouri Homœopathic Medical College Commencement, and Alumni Association Meeting.....	78
Central New York Homœopathic Society. Locations for Graduates. Commencement of Hahnemann Medical College and Hospital, Chicago. Reading, Pa., Homœopathic League. Lowell, Mass., Homœopathic Dispensary. Rhode Island Homœopathic Society.....	79
Harper Memorial Hospital Medical Society, Philadelphia. Practice For Sale. Spring Course National Homœopathic Medical Society. Kentucky Homœopathic Medical Society. Ward's Island Hospital. Personals. "Passed".....	80

THE PRACTICE OF MEDICINE. By Edwin M. Hale, M.D., author of "The New Remedies," "Diseases of the Heart," "Diseases of Women," "The Heart, and How to Take Care of It." Emeritus Professor of the Theory and Practice of Medicine in the Chicago Homœopathic Medical College, member of the American Institute of Homœopathy, etc. Price, cloth, \$6.00; leather, \$9.00 net. Chicago: Gross & Delbridge. 1894.

This is a thoroughly practical work on modern medicine and should be in the hands of all physicians, irrespective of schools. It is tersely written, free from rubbish and up to date. It is thoroughly comprehensive and complete and nothing of value is sacrificed. The author has devoted the larger part of his space to the treatment of diseases and has drawn upon his experience of forty years as a general practitioner and the experience and

observation of his colleagues of all schools as far as he considers them to be trustworthy. He has been guided by the principle that while the law of *Similia* is the chief guide in the selection of drugs, there are other methods of cure which should not be neglected. The publishers' part has been carried out in keeping with the excellent work of the author. The paper is good, the type clear and the binding strong and lasting. They knew physicians would use this work constantly as a book of reference and have provided for it.

A COMPLETE REPERTORY OF THE TISSUE REMEDIES OF SCHÜSSLER. By S. F. Shannon, M.D. Denver, Col.: The Chain & Hardy Book and Art Company. 1894.

No one who has the works of Boericke & Dewey on "The Twelve Tissue Remedies," and Carey on "The Biochemic System of Medicine," and who is interested in and uses the tis-

sue remedies of Schüssler can afford to get along without this excellent repertory from the indefatigable pen of Dr. Shannon.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. A Work of Reference for Medical Practitioners. 1894. Twelfth Year. 8vo., morocco cloth, 700 pages. Uniform with Treat's Medical Classics. Price, \$2.75. New York: E. B. Treat. 1894.

The well-known International Medical Annual for 1894 is certainly "better than ever." This year there are forty contributors, a much larger number than usual, and all are well-known authorities. This volume of reference has annually grown until at present it numbers actually 704 pages. The publishers have been very liberal with illustrations and have consequently greatly increased the value of the work to its readers, and yet the price remains the same. The 1894 Annual contains eight chromo-lithographs and twenty-one full-page half-tone plates, besides numerous diagrams and illustrations printed with the text. The general arrangement conforms with the preceding editions and will be as satisfactory as in former years, and it will prove to be a greater help than ever to the busy practitioner. The Annual has worked a place for itself, as its ever-increasing popularity shows, and as long as its publisher keeps it up to present standard of excellence it will always be sure of a warm welcome as a useful addition to one's library.

A MANUAL OF THERAPEUTICS. By A. A. Stevens, A.M., M.D. Price, \$2.25. Philadelphia: W. B. Saunders. 1894.

Dr. Stevens has prepared his manual especially for students, his idea being to have it serve as an outline of modern (allopathic) therapeutics. The general practitioner will also find it valuable. Chapters are devoted to the consideration of the physiological action of drugs, drugs, remedial measures other than drugs, applied therapeutics, incompatibility in prescriptions, table of doses and an index of drugs and of diseases.

CLINICAL DIAGNOSIS. By Albert Abrams, M.D., San Francisco, Cal. Third edition, revised and enlarged. Illustrated. Price, \$2.75. New York: E. B. Treat. 1894.

This valuable treatise on clinical diagnosis has reached a third edition and its popularity increases with each advancing year. Nothing original is claimed, but the arrangement of the

subject-matter is unique and valuable for reference purposes. The author has added to this edition a chapter on insanity and a summary of recent methods of diagnosis.

DUNCAN'S DISEASES OF CHILDREN.—We learn that a fourth edition of this popular work is in course of preparation, and that the author will be assisted by a number of physicians interested in diseases of children.

Dr. T. C. Duncan for years was the most enthusiastic pædologist in our ranks.

To the old saying, "Homœopathy may do for children," we might add, yes, and the children belong to homœopathy; our profession should treat all of the children. We cannot have too many good works on this branch by experts.

A TEXT-BOOK OF GYNÆCOLOGY.—By James C. Wood, A.M., M.D., Boericke & Tafel, Philadelphia, 1894. Cloth, \$6; Leather, \$7; pp. 858.

A good book is always welcomed by the profession and a warm reception of this one is assured, not because it is the latest work of a talented writer of the Homœopathic school, but because it is well written and has intrinsic merit.

The chapters on The Hystero-Neuroses and Ectopic Gestation, are unusual subjects in works on Gynæcology, a serious omission which Prof. Wood has recognized and his readers will profit by his foresight. The ætiology of the various diseases is well given, the indications for the remedies are clearly stated with many references, and the operations are sufficiently described in their essential features for a physician to form a good idea of them. The illustrations are particularly fine and the publishers have not allowed their high reputation for press-work to suffer. A second edition will be demanded soon and in it the reviewer hopes to find a few minor alterations such as condensation, if necessary, of the first two hundred pages to make room for more detailed descriptions of local applications, gauze packing of the uterine cavity, greater precision in the indications for operations, mention of the Trendelenburg position in pelvic surgery and a description of complete extirpation of the uterus through the abdomen for fibroid tumors of the uterus. It would be more in harmony with modern pelvic pathology if the chapters on Pelvic Abscess, Acute Pelvic Cellulitis and Pelvic Peritonitis, and Inflammatory Diseases of the Uterine Appendages had been grouped together more closely, and if a few

more hints had been given of their origin by septic invasion outside of the puerperal state. The description of involution of the uterus is hardly in accord with recent investigations.

In justice to the author it should be added that it takes some time for a book to appear in public after delivery of the manuscript and some omissions of recent opinions are inevitable. The book is a good one, a credit to its author and to the Homœopathic profession, and it is worthy of careful reading.

LECTURES ON AUTO-INTOXICATION IN DISEASE; or, Self-Poisoning of the Individual. By Ch. Bouehard, Professor of Pathology and Therapeutics, Member of the Academy of Medicine, and Physician to the Hospitals, Paris. Translated, with a preface, by Thomas Oliver, A.M., M.D., F.R.C.P., Professor of Physiology, University of Durham, England. In one octavo volume, 302 pages. Extra cloth, \$1.75 net. Philadelphia, The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The part played in disease by auto-intoxication is receiving increasing attention, and when it is recalled that scarcely a day passes without a death from a tainted food supply, especially meat, any information on the subject will be very useful to the profession. These lectures of Bouehard are to be regarded as "an inquiry into the operations of poisons introduced from without or generated within the body of man, and the part they play in health and disease." Chemical investigation has shown how disease depends upon the products of putrefaction and fermentation, rather than upon the direct action of the microbes upon the tissues. This is the fact which renders knowledge of the life-history of bacteria valuable. Long after the microbes have been destroyed, the enzymes or ferments which they formed, continue to act, and are not destroyed by a temperature which is destructive to the organisms themselves.

PAMPHLETS RECEIVED.

SOME CONSIDERATIONS BEARING UPON PRACTICE WITH DYNAMIC ANTAGONISTS IN CASES OF DRUG POISONING. By Charles S. Mack, M.D., Ann Arbor, Mich. Reprinted from the *North American Journal of Homœopathy*, April, 1894.

ANNUAL REPORT OF THE ST. LOUIS CHILDREN'S HOSPITAL, in charge of Homœopathy.

THE FIFTH ANNUAL REPORT OF

the Grace Hospital, Detroit, Mich., for the year 1893.

THE CAUSE AND CURE OF MALIGNANCY; an Important Announcement to the Medical Profession. By Wm. Thornton, Boston, Mass.

LAPARO-HYSTEROTOMY: ITS INDICATIONS and Technique. By N. Senn, M.D., Ph.D., LL.D.

THE VALUE OF PHRENOLOGY; with addresses delivered before the American Institute of Phrenology, 1893.

THE BEDSIDE DIETARY; ARRANGED by Gideon C. Segur, M.D.

THE PHYSICIAN'S BEDSIDE RECORD (Revised Edition). With Dietary. By Gideon C. Segur, M.D. Price 10 cts. each. One dollar per dozen. Very useful.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.—The regular monthly meeting of the Society was held at the Hahnemann Medical College on the evening of April 12, 1894, thirty-seven members being present. The minutes of the last meeting were read and approved. Dr. H. S. Furman was elected to membership. Drs. Frank H. Widman and Walter H. Maires made application for membership. Dr. E. R. Snader read a paper on "Some Considerations Concerning the Heart in Relation to Its Own and Other Diseases." The paper was discussed at considerable length by Drs. J. C. Morgan, Charles Mohr, Pemberton Dudley, R. E. Tomlin, C. S. Middleton and E. R. Snader. Dr. Dudley announced that an effort was being made by the physicians who were going to the American Institute to complete arrangements for fare, railroad accommodations, etc., and asked that all who contemplated going should hand their names and the number of ladies who were to be accommodated to him at as early a date as possible. The president appointed Dr. C. V. Vischer chairman of the Bureau of Surgery for the ensuing year. Dr. L. Willard Reading, chairman of the Bureau of Gynecology, stated that the Bureau would present for discussion the following subjects: "Salpingitis," by Dr. T. J. Gramm; "Tubo-Uterine Pregnancy," by Dr. Joseph M. Caley; and "Uterine Fibroids," by Dr. L. W. Reading.

EDWARD M. GRAMM, M.D.,
Secretary.

TRAINING SCHOOL FOR NURSES, HAHNEMANN HOSPITAL, PHILADELPHIA.—In compliance with its charter the Hahnemann hospital has established a training school for nurses in

connection with the hospital. Any woman wishing to become a nurse must send in her application in her own writing, giving her age at last birthday; state in life; if married or widowed; how many children; whether any one else dependent on her; past and present occupation; whether previously a nurse; state of health; weight, height, and condition of sight and hearing. The most acceptable age for candidates is from 21 to 35 years. Letters from respectable citizens testifying to good moral character, and a certificate of good health from a physician are required. If the applicant is approved by the Executive Committee, she will be received into the school for one month on probation. During the probation the pupils are boarded and lodged at the expense of the school but receive no compensation. They will reside in the hospital and serve as assistant nurses for one year. The second year they will perform anything assigned them by the principal, either in the hospital or with private cases. The pay for the first year is \$7 per month, for the second year \$10 per month, which is allowed for their dress, text-books and other personal expenses, the education given being considered a full equivalent for the services rendered. Applicants for admission to the school can learn further particulars by addressing Miss Alice Brownlee, Principal, at the hospital, on Fifteenth street, above Race.

THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE held commencement exercises at the Schiller Theatre, on Wednesday afternoon, April 3d. The Rev. Jenkin Lloyd Jones, Dr. J. S. Mitchell, and Dr. A. C. Cowperthwaite, delivered addresses for the faculty, and Henry S. Whitney spoke for the class. The graduates were:

W. P. Allen, W. F. Becker, E. J. Campbell, W. P. Cornue, F. A. Davies, F. J. Dudley, R. J. Flint, J. L. Hill, A. Krygowski, G. B. Maxwell, T. S. McFarland, H. R. Miner, F. F. Pitcher, A. Z. Seager, G. P. Stannard, W. E. Trego, E. L. Warren, W. B. Worrell, W. E. Anderson, H. F. Beebe, W. C. Converse, J. F. Courtney, J. B. Davis, C. H. Duncan, T. Gregg, W. B. Hunt, E. C. Martin, A. McCandless, R. D. McKinney, G. Newton, G. C. Rockwell, E. M. A. Siser, L. K. Stelle, E. E. Waldo, H. S. Whitney, E. L. Youngblood, C. E. Barninger, J. C. Bloomfield, H. Cook, D. D. Culver, F. F. Dennis, C. L. Fairbanks, G. B. Hale, B. O. Jerrel, Z. Marx, E. McCandless, J. H. McVay, H. G. Peck, G. M. Schaubel,

C. H. L. Souder, C. E. Sugden, C. B. Walls, E. I. Woodbury, Jr.

The graduates and alumni were given a banquet at the Auditorium in the evening by the faculty of the college. Dr. R. N. Foster presided as toastmaster, and the following toasts were given: "Memory of Hahnemann," Dr. R. N. Tooker; "Similia Similibus Curantur," A. C. Cowperthwaite; "Our College," Dr. J. S. Mitchell; "Alumni," Dr. Richard Gatchell; "Our Materia Medica," Dr. Pratt; "Medical Progress," Dr. John Streeter; "Reminiscences," Frank H. Edwards, class of '95; "Class of '94," J. H. McVey.

College colors everywhere appeared about the banquet hall. Two hundred were present.

PITTSBURGH HOMŒOPATHIC HOSPITAL. — The twenty-eighth annual meeting of the Pittsburgh Homœopathic Hospital was held April 10th in the chapel of the hospital.

The receipts for the year were \$57,215.24, of which \$32,020.65 came from the State; \$8584.65 from patients; \$1442.62 from nurses of the training school; \$3076.38 from endowment fund interest; \$785.37 from dispensary patients; \$3756.55 from the Ladies' Association; \$3190.81 were individual gifts, among them being the following: From Captain J. J. Vandergrift, \$1500; Mrs. Mary Morton's estate, \$500; A. Guckenheimer's estate, \$200. The total expenses including cost of improvements were \$54,806.76. The net debt of the hospital is \$39,589.82. Since the report was made Treasurer Frank Semple has been notified of bequests, now payable from the late Jane Holmes, \$5000; the late Mary A. McClurg, \$5000; the late J. D. Bernd, \$495.

The hospital treated 1392 patients during the year, of whom 912 were cured, 235 improved and 100 died. Of these 273 paid wholly or in part for treatment and 1189 were free patients. In the dispensary there were 8815 attendances, 2737 in the eye and ear annex alone.

The Training School for Nurses now has 30 pupils and presented the following named young women for graduation on the 18th: Laura L. Lindley, Minnie E. Stilling, Ella C. Hennington, Mary C. Caldwell, Mabel Echols, Anna Donath, Mary A. Collins, Mary E. Hitchens.

The trustees elected were: J. F. Cooper, M.D., Miss Mary E. Moorhead, D. H. Fralich, H. E. Collins, J. J. Vandergrift, Edward Miles, D. G. Stewart and Dr. J. B. McClelland.

A resolution was adopted declaring

the necessity of a municipal hospital for contagious diseases, and urging that Pittsburgh and Allegheny establish such places at once.

After the meeting the Board of Trustees elected William Metcalf, President; W. A. Herron and A. H. Childs, Vice-Presidents; George L. McCoy, Secretary; Frank Semple, Treasurer; George D. Gordon, Solicitor.

ANNUAL REUNION OF THE ALUMNI ASSOCIATION of the Hahnemann Medical College, Philadelphia, Tuesday, May 8, 1894.—The Alumni Association of the Hahnemann Medical College, Philadelphia, requests the pleasure of the company of the Alumni of the College, at its Annual Reunion and Banquet, on Tuesday, May 8, 1894.

The Business Meeting will convene at 4.30 P.M. in Alumni Hall, Hahnemann Medical College, Broad Street above Race, Philadelphia, and the Banquet will be held at 10 P.M. at "The Stratford," corner of Broad and Walnut Streets.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Forty-sixth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, Broad and Locust Streets, Philadelphia.

Banquet cards can be secured from any officer of the Association at \$3.50 each. The cards being limited to two hundred, the committee cannot guarantee to furnish any applied for after May 7, 1894. If you can make arrangements to be present at the Banquet, notify the Secretary, and he will secure a place for you.

W. W. VAN BAUN, M.D.,
Secretary.

419 Pine Street, Phila., Pa.

Officers.—President, I. Tisdale Talbot, M.D., '53, 685 Boylston Street, Boston, Mass.; Vice-Presidents, C. S. Middleton, M.D., '62, 1523 Girard Avenue, Philadelphia; Asa S. Couch, M.D., '57, Fredonia, N. Y.; William J. Hawkes, M.D., '67, Central Music Hall, Chicago, Ill.; Permanent Secretary, William W. Van Baun, M.D., '80, 419 Pine Street, Philadelphia; Provisional Secretary, George W. Smith, M.D., '76, 1320 Walnut Street, Philadelphia; Treasurer, William H. Bigler, M.D., '71, 1524 Arch Street, Philadelphia; Executive Committee—one year, Carl V. Vischer, M.D., '87, 1429 Poplar Street, Philadelphia; Thomas H. Carmichael, M.D., '86, 4495 Main Street, Germantown, Phil-

adelphia; Edward W. Mercer, M.D., '84, 157 N. Fifteenth Street, Philadelphia; two years, William B. Van Lennep, M.D., '80, 1421 Spruce Street, Philadelphia; Isaac G. Smedley, M.D., '80, 1705 Arch Street, Philadelphia; William R. King, M.D., '81, 1422 K Street, Washington, D. C.; three years, M. S. Williamson, M.D., '72, 1311 Arch Street, Philadelphia; William H. Keim, M.D., '71, 2015 Ridge Avenue, Philadelphia; Joseph C. Guernsey, M.D., '72, 1923 Chestnut Street, Philadelphia.

APPENDICITIS—THE LATEST FAD.

Have you got the new disorder?

If you haven't, 'tis in order

To succumb to it at once without delay.

It is called appendicitis—

Very different from gastritis

Or the common trash diseases of the day.

It creates a happy frolic,

Something like a winter colic.

That has often jarred our inner organs some;

Only wrestles with the wealthy,

And otherwise most healthy—

Having got it, then you're nigh to kingdom come.

Midway down in your intestine,

Its interstices infest in',

Is a little alley, blind and dark as night.

Leading off simply nowhere,

Catching all stray things that go there;

As a pocket, it is clearly out of sight.

It is prone to stop and grapple

With the seed of grape or apple.

Or a soldier button swallowed with your pie.

Having levied on these chattels,

Then begin internal battles

That are apt to end in mansions in the sky.

Once, located, never doubt it,

You would never be without it.

It's a fad among society that's gay;

Old heart failure and paresis

Have decamped and gone to pieces,

And dyspepsia has fallen by the way.

Then stand back there, diabetes;

For here comes appendicitis,

With a brood of minor troubles on the wing;

So, vermiform, here's hoping

You'll withstand all drastic dosing.

And earn the appellation, "Uncrowned King!"

The World, New York.

THE SECOND ANNUAL COMMENCEMENT of the Training School for Nurses of the Hahnemann Hospital of Philadelphia was held Monday, April 9, 1894, at 8 o'clock, P.M., in the clinical amphitheatre of the hospital.

The Executive Committee are A. R. Thomas, M.D., Chairman; Mrs. H. P. Taylor, Secretary; C. M. Thomas, M.D., B. F. Betts, M.D., J. E. James, M.D., C. Mohr, M.D., Mrs. J. Lewis Crozer, Mrs. Horace Fassitt, Mrs. J. J. Mohr, Mrs. Geo. C. Thomas.

Lecturers: A. R. Thomas, M.D., Anatomy and Physiology; P. Dudley, M.D., Hygiene; J. H. Hamer, M.D., Toxicology; C. Bartlett, M.D., Electricity; C. Mohr, M.D., Medical Nursing and Dietetics; L. W. Thompson, M.D., Surgical Nursing; J. N. Mitchell, M.D., Obstetrical Nursing; B. F. Betts, M.D., Gynaecological Nursing. Miss Alice Brownlee, Principal.

The exercises were opened with prayer by Rev. W. H. Furness, D.D.

Mrs. Mary E. Mumford, in her address to the graduates, told them to be zealous and kind and thoughtful, and to cultivate their minds, because the cultured mind was always quicker to grip with emergencies, in which nursing abounded, than the mind that was not cultured.

Judge Hanna spoke very briefly. He referred to Dr. A. R. Thomas's unavoidable absence, for which he professed his regret, and then, after a few apt remarks upon the nurse's profession, he presented the diplomas. These were received by Miss Nellie Dyer, Miss Ella M. Erwin, Miss Elizabeth L. Hoffman, Miss Margaret Johnson, Miss Mary Luella Makinson, Miss Alice Edith Potter, Miss Marie Pressler, Miss Amanda M. Shoemaker and Miss Elizabeth T. Wright.

The last speaker was George C. Thomas, whose address was very brilliant and humorous.

SOUTH-CENTRAL PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY.—This Association convened in the parlors of the Commonwealth Hotel, Harrisburg, Pa., March 20th, at 10.45 A.M. Organization was effected by appointing Dr. J. Ross Swartz, Harrisburg, Chairman, *pro tem.*, and Dr. Charles Wagner, Hanover, Secretary, *pro tem.*

Election of officers being next in order, Dr. J. Ross Swartz, Harrisburg, was elected President, and Dr. S. G. A. Brown, Shippensburg, Secretary and Treasurer, each for the term of

one year. Dr. Swartz upon being elected delivered a stirring, eloquent address in behalf of homœopathy.

The Association has organized with a membership of fifteen, and from the number of encouraging letters received from brother homœopathic physicians, it expects to raise the number to twenty-five at the next meeting.

It was moved and seconded that a committee of four, including the President, be appointed to formulate rules and regulations whereby the society is to be governed. The President accordingly appointed in connection with himself Dr. J. H. Yeagley, York, Dr. G. M. Hoover, Mechanicsburgh, and Dr. J. C. Lingle, Middletown.

York was then selected as the next place of meeting, the President to appoint the time at some future date.

The Secretary was notified to secure the names and addresses of those on the committee.

No further business being presented the meeting adjourned at 1.30 P.M. to meet at the place above mentioned.

S. G. BROWN, M.D.,
Secretary.

THE EXECUTIVE COMMITTEE OF THE AMERICAN INSTITUTE OF HOMŒOPATHY has named Thursday, June 14, 1894, as the time for the opening of the Semi-Centennial Session.

Concessions in railroad fares will undoubtedly be secured to Denver from all directions.

Ample hotel accommodations, on the American plan, have been secured at the Brown Palace Hotel, which is the Institute Headquarters. Very desirable rooms can be secured at the Metropole on the European plan. If less expensive accommodations be desired, full particulars can be obtained from Dr. W. A. Barr, chairman of the Hotel Committee, to whom should be addressed all communications relative to the securing of rooms, etc.

Negotiations are pending for liberal concessions on rates to all points of interest in the Rocky Mountain district, among which may be mentioned the famous "Loop;" Pike's Peak, Pueblo, Colorado Springs and Manitou; Cripple Creek, Leadville and Aspen; "The Circle;" Salt Lake City, Ogden, etc.

The various sessions of the Institute will be held in the First Baptist Church, located only a few rods from the headquarters.

The "Meissen," through its local Committee of Arrangements, is taking active steps to entertain the visitors in

a manner befitting the occasion, the demands of the hour, and the dignity of the Queen City of the West.

The order of business is not yet arranged, but a special Jubilee program may be confidently expected. In point of fact, the Local Committee of Arrangements and its Sub-Committees will spare no time, pains nor expense in making the coming meeting a red-letter time, long to be remembered.

It is desirable that the Committee be informed, approximately, as to the number of visitors and members who are likely to attend. In view of this fact, will you kindly write to us, as soon as possible, whether we may expect you at the time and by whom accompanied?

Believing that the mountain region has much to interest you, knowing that Colorado will greet you with her usual sunshine, and anticipating that the Semi-Centennial "meet" will assume a never-to-be-forgotten importance, we await your reply,

LOCAL COMMITTEE OF ARRANGEMENTS,

American Institute of Homœopathy.
Mack Block, Denver, Col.

HAHNEMANN HOSPITAL, PHILADELPHIA.—The ninth annual meeting and election of officers of the Hahnemann Hospital Association was held, April 10th, at the Hotel Bellevue, with President Mrs. J. Lewis Crozer in the chair.

The meeting was opened with prayer by Rev. Dr. G. Dana Boardman, after which the minutes of the last meeting were read and adopted.

The annual report, read by Mrs. Elizabeth Coleman Lewis, Corresponding Secretary, states that during the year 1893 the hospital has been taxed to its utmost. The depressed condition of business is given as the cause for so many cases of typhoid fever which filled the wards of the hospital. Every Sunday during the year a short service of song and an address by different clergymen has been held in the chapel.

The Sewing Committee acknowledge the gift of 625 articles from the Needlework Guild of the hospital, and also 342 garments from the Unitarian Aid Society of the First Church.

The Library Committee have been very active in their work of distributing leaflets and books to the patients of the Hospital.

In the Training School for Nurses there are at present thirty-four nurses, under the instruction of Miss Brownlee, of the Royal Hospital, Belfast,

Ireland. Nine of these nurses graduated last evening. A directory for homœopathic nurses has been opened, with headquarters at the hospital, where other nurses can register and be called into service at any time.

The House Committee during the past year have constructed a new laundry on the first floor, which has added greatly to the convenience of the house.

On Donation Day at the hospital over \$3000 in money and a valuable amount of groceries and provisions were received. At the Ethereal Tea given at the hospital, \$500 was realized.

The report of Mrs. T. Brown Belfield, Treasurer of the Association, shows a balance on hand of \$570.11.

The Secretary reported that during the year the Association had lost one of its oldest managers and Vice-Presidents in the death of Mrs. Chapman Biddle, who had always been a rare and valued friend of the Association.

The election of officers for the ensuing year resulted in the choice of the following ladies: President, Mrs. J. Lewis Crozer; Vice-Presidents, Mrs. Constantine Hering, Mrs. Horace Fassitt, Mrs. William B. Hanna, Mrs. William G. Foulke, Mrs. J. S. Elwell; Corresponding Secretary, Mrs. Edmund Lewis; Recording Secretary, Mrs. Joshua H. Morris; and Treasurer, Mrs. T. B. Belfield.

The report presented by Dr. Charles Mohr, Chairman of the Auditing Committee of the Hahnemann Hospital, shows the outstanding indebtedness on mortgage and ground-rent, with accrued interest, amounts to \$188,410.48; the floating debt, for maintenance, \$11,006.81; and the building fund, for the completion of the building, \$5847.21; a total of \$205,264.50.

The number of patients treated at the hospital during the year was 1561, of which 553 were pay patients and 1008 free. In the out-patient department the number treated was 2609, and in the dispensary 13,925.

The receipts of the hospital for the year were \$74,477.46, and the expenditures \$69,728.20, leaving a balance in the treasury of \$4749.26.

THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO will hold its annual meeting in Toledo, May 8th-9th. Reduced rates on all Ohio railroads have been secured. An excellent programme has been arranged. Membership blanks may be obtained in advance from Dr. Theo. M. Stewart, Secretary, 266 Elm street, Cincinnati, Ohio.

HOW EXTREMELY LIBERAL!—The standpoint of allopathic physicians to those who practice homœopathy is a very strange one considering the age we live in. The old school, not satisfied with saying the new school is wrong, insists that it is not even a school or a system of medicine at all. The old-school physician will not usually recognize the practitioner of homœopathy as a physician at all, and the patients of the latter are regarded as dupes and only partially responsible members of society, who should be regarded with pity, but still treated with a firm severity which may, sooner or later, perhaps, bring them to a realizing sense of their folly.

The Springfield, Mass., Hospital is an allopathic institution and is conducted in accordance with the time-honored (?) traditions as to the treatment of that portion of the public which prefers homœopathy. No patient has been able to be treated by a homœopathic physician at any price up to now. The theory was that the unfortunate must be convinced against his will that allopathy is the only scientific system. The authorities have, however, awakened to the fact that, since at least a third of the doctors' bills in the city are made out on the bill-heads of homœopathic physicians, it would hardly do to quite ignore so considerable and influential a portion of the community. They accordingly have fitted up a building contiguous to the hospital for private patients, who can, by paying \$20 a week, each obtain the precious privilege of hiring whatever physician they choose to employ outside. Daily attendance of a physician would not cost less than \$21 a week. So the homœopathic patient who takes advantage of the liberal offer of the so-called "public" hospital can obtain for \$41 a week services and attendance of the same grade as allopathic patients get for \$15 a week. This announcement will naturally disarm public criticism. Such liberality almost takes the breath away.

THE MEDICAL CODE.—The following was written for the Boston *Sun*: As a member of one of the so-called minor "schools" of medicine, I feel constrained to thank you for your recent very liberal editorial on the subject of consultations between members of the various schools of medicine here, a practice, by the way, that has been going on more or less openly for years in the larger eastern cities, and quite openly since the memorable fight over this subject in the meeting of the American Medical Association several years ago at Milwaukee, a fight precipitated by the attempts of the hard-

shells to expell the liberal delegation sent by the State of New York, elected on that very issue, an attempt which would have succeeded only by wrecking the American Association, so determined were the liberals in their defence. But we can hardly agree with your closing sentiment, "the sooner 'pathism' is done away with the better." Why should you deery sectarianism in medicine, since you do not discourage it in politics or religion? Does not the restless spirit of man require variety in all things, and has not the revolutionizing of medicine been accomplished by this very sectarianism, which is the legitimate offspring of originality and the guardian of progress?

The word homœopathy was for fifty years the opprobrium medicorum, and to speak it in the presence of an allopath would produce the same effect as would the shaking of a red rag in the face of an infuriated bull, and now, when the medical system which it represents, has emerged from its obscurity and become a giant in power, its opponents are cheekily asking its exponents to abandon their distinctive name, come into the general fold and be brothers. That this "right hand of fellowship" act is anything more than perfunctory or skin keep, or perhaps a lying down together of the lion and the lamb, with the lamb inside of the lion, is shown by the fact that no homœopathist could even now become a member of any county medical society, nor would he, though a graduate of the highest medical college of this country, which happens to be the Boston homœopathic, requiring a four years' course, and a high school and Latin education to start with, be allowed any time credit on a course in any little "bum" old school college in the land, but must begin at the beginning. "In medicine alone can be found the thaumaturgical illustration of a fanaticism which would disown a brother because he is a sectarian."

I was especially amused at the grotesque statement made in this sentence: "An old school physician is authority for the statement that the (consultation) change is made possible because a large percentage of the disciples of Hahnemann have ceased to follow his teachings with reference to dilutions and now give about the same remedies that allopaths employ, have become progressive, in fact." When an allopathic physician opens his mouth to speak of homœopathy he usually puts his foot in it, or, rather them, and

displays his ignorance of the medical part of the subject. Now, the homœopaths use all the remedies the allopaths do. There are no homœopathic remedies—it is their application according to the law of similars that makes them homœopathic. The progression, then, as the common people know, has been more that of the old school to the new school ways, though we should be ashamed to admit that we could let the system live one hundred years and not be improved some. We are willing to admit that Hahnemann did not know everything in medicine, even if he was one hundred years in advance of his time.

In conclusion, when the so-called leading school publicly accepts the underlying truth of homœopathy, viz., the law of nature that sick persons must be treated with medicines which cause in well persons symptoms similar to those manifested in the sick—as the great majority now do privately in their practice, then, and not till then, will the way be made plain for the doing away with “pathism.”

W. B. CLARKE.

MEDICAL SOCIETIES.—I. T. Talbot, M.D., Boston.—It has been an unsolved problem how to so conduct our medical societies that they may best meet the wishes and requirements of their members. Especially is this the case in large cities, where the profession has been divided up into a great many specialties; some physicians devoting themselves to a single subject, while others seek to have a general knowledge of the entire ground covered by medical practitioners. Although the latter may in the end send his case to the specialist, yet he loses caste as well as patients if, on being called in, he sends a very considerable portion of his patrons to the specialist. To such a physician the society is of value just in proportion as it covers the entire medical field, while the specialist wishes to gain instruction, or air his own knowledge, in his particular branch. To do this he needs to meet with others equally interested and equally informed in his specialty. The question is how to make a society valuable to all these different members. If general subjects monopolize the consideration of the society, the specialists drop out; if the specialists, often the brightest among the members, present too frequently their subjects technically, the general practitioner wearies of it and says he can get as much of that as he wants by staying at home and reading the journals. It is not an easy thing to keep up con-

tinued interest in a society. It requires a vast amount of work. The ablest members need to be encouraged, solicited, and even strongly urged to present their best thoughts to the society, and the meeting must be made of sufficient interest that members may feel repaid for their time and trouble in attendance. To make the meeting an interesting one requires a great amount of work outside the time of meeting. This is apt to fall largely upon the secretary, and if he is a bright, wide-awake, agreeable, friendly person, who knows how to approach the other members in a pleasant way and secure their co-operation; if he has good judgment to bring real worth to the front and not allow the self-seeking, opinionated and wordy to secure undue prominence; if, moreover, he is full of resources, he may secure for each meeting a sufficient amount of interesting matter, and bring out a large attendance of its members. If the meetings are held frequently—say monthly, as in a city—it is a great drain upon the resources of any single individual to provide subjects of interest for these rapidly succeeding meetings; and the secretary is apt to tire of his work, and pass it into the hands of another. If this work is performed in a perfunctory manner, the character of the meetings is changed, the interest in the society gradually diminishes and the association practically becomes dead.

The plan which has been successfully adopted in the past year by the Boston Homœopathic Medical Society seems to meet many of the difficulties. The society consists of about two hundred members, and holds its meetings on the first Thursday evening of each month, with the exception of July, August and September. This gives nine meetings in all. The officers of the society are, a president, two vice-presidents, treasurer, general and provisional secretaries, and three censors. These form an executive committee of nine, to whom is entrusted the general arrangements of the meeting and business of the society, and such other matters as the society may expressly delegate to them. This committee holds regular meetings monthly, usually an hour before the time for the society meeting, at which is arranged the special business for that meeting, so as to present it in the clearest possible way to the society at the meeting which is to follow, and also to make general arrangements for the meeting of the succeeding month. The meeting of the society commences at a quarter before eight. The business, such as election of mem-

bers, proposal of new members, and that pertaining to the general affairs of the society, is quickly dispatched, and pathological specimens, new surgical instruments and apparatus, and rare or interesting clinical cases can be presented to the meeting. Usually by eight o'clock or quarter past the meeting is turned over to one of the sections designated for that evening. The society is divided into nine of these sections, namely: pathology and therapeutics; materia medica; surgery; gynecology and obstetrics; diseases of children; ophthalmology, otology and laryngology; mental and nervous diseases; electro-therapeutics; sanitary science and public health. Each of these sections has a chairman, a secretary and treasurer, who together form an executive committee for the section to arrange for its meetings, procure and decide upon such papers as may be presented at the meeting in connection with the general society, and to arrange for the exercises of that meeting. Every member of the society may select such section or sections as he feels a special interest in, or chooses to join. To each of these sections is assigned a particular evening for the session in connection with the general society, but they may hold as many or such other special sessions as their executive committee or the section may determine. Thus in materia medica there may be meetings for special work to meet either as committees by themselves, or in conjunction with the section, and thus be left perfectly free to do their work in the manner most congenial to them. Thus these nine sections become practically nine separate and distinct societies, while some of the members may be on to several of these sections, and their best work, or that best suited for the general society, can be presented when the section meets with the society. By this means the specialists have not only opportunity of doing all the work they choose in their own sections, but they can also get some of the best from all the other sections. So far the result has been highly gratifying. The monthly meeting, which before rarely exceeded an attendance of thirty, and sometimes not a third of that, has seldom been less than forty or fifty, and sometimes there have been as many as one hundred and twenty-five members present; while each meeting has seemed to rival the others in the effort to make it interesting and profitable. Of course a plan like this, however perfect theoretically, must depend for its success largely upon the ability and interest of

its officers and the amount of work done to secure that interest. But if the responsibility is divided among several persons, and these selected for their fitness for the place, there is much less danger of failure than when it all rests in the hands of one or two persons.

Some of the details of the work, though perhaps not essential, are yet important in giving harmony to the whole. The officers of the society are naturally elected at the annual meeting which occurs in January. A meeting of the various sections was called last year soon after, to elect officers for each section for the year. This, of course, gave a very short time for the section first reporting, while the last one would have nearly a year of preparation. To obviate this, it has been suggested that the officers of each section should be elected for the ensuing year at the time when this section meets with the society. This plan would give every one a full year for sectional work, and to prepare for the society meeting. Of course a single year is not sufficient to fully determine, but time will prove whether this method is of practical value in increasing the useful work of our medical societies.

THE READING, PA., HOMŒOPATHIC HOSPITAL AND DISPENSARY ASSOCIATION gave a complimentary banquet to the Board of Trustees of the homœopathic hospital at Groff's Crystal Palace, March 22d. An excellent menu was served. Covers were laid for twenty-three persons. The following trustees were present: Messrs. C. H. Ruhl, R. H. Savage, W. W. Light, Jerome L. Boyer, Charles H. Leinbach, Albert Thalheimer, Aug. C. Wertz, Charles E. Leippe, Isaac McHose, George A. Leinbach and Eli Schulhoff. Among the members of the Hospital Association present were: Drs. F. R. Schmucker, W. F. Marks, D. C. Kline, E. Z. Schmucker, W. A. Haman, J. C. Knauer, C. R. Haman, L. A. Shollenberger, L. J. Knerr, H. F. Schantz, George I. Keen, C. L. Klopp.

Dr. H. F. Schantz was toastmaster, and the following were the toasts: "Our Guests," Dr. F. R. Schmucker; "The Present Board of Trustees," Jerome L. Boyer; "The Old Board of Trustees," Isaac McHose; "The Hospital Staff," Dr. E. Z. Schmucker; "The Ladies' Auxiliary," Dr. D. C. Kline; "The Nurses and Nurses' Training School," Dr. L. J. Knerr; "The Homœopathic Hospital and Its Future," C. H. Ruhl. Mr. Ruhl outlined the history of the institution

from the founding of the dispensary at 622 Franklin street in 1887 to the chartering of the homœopathic hospital in 1890, the purchase of the property on North Sixth street and its life to the present time.

General discussion of the prospects and needs of the institution followed, and the reports presented showed an exceedingly bright future for the hospital.

BUFFALO (N. Y.) HOMŒOPATHIC HOSPITAL.—At the annual meeting of the Buffalo Homœopathic Hospital, held at the hospital parlors on Cottage street, April 3d, the following trustees were re-elected: William Y. Warren, Charles F. Dunbar, John H. Meech, F. C. M. Lantz, John Satterfield.

The hospital is reported in excellent condition, the support being a generous indication of the confidence in which it is held by the public. There is much need of the proposed new building, as the present building is taxed to its utmost to accommodate the demand made upon it. During the late epidemic several cases had to be turned away. The management was about ready to begin the new building when the financial troubles came on, and the work will begin as soon as the times appears to warrant it. The accepted plans are on exhibition at the Art Gallery as a part of the exhibit of the architects in the collection of the Society of Artists.

SANITARY COMMUNION.—I know that I am "treading on Holy Ground," and approaching a theme which many may consider should not be discussed. If I am standing on "Holy Ground," I must "pluck off my shoes from off my feet" and give some plain "testimony in Israel." This testimony is against the indiscriminate manner of taking Communion. For years I have called attention to the dangers of this practice, and advocated the use of individual cups. I have also talked with jewellers, and suggested the propriety of manufacturing a special cup for the purpose of introducing the more sanitary practice. Were the least dangerous aspect of the custom taken into consideration, ordinary requirements of perfect sanitation would demand that a number do not drink from the same vessel. Saliva alone, even in its natural, or non-infectious condition, when exposed to atmospheric influences, very soon becomes putrid and poisonous. All medical men know this, and all physicians know that diseased conditions of the gums, non-constitutional ulcers, etc., are a dangerous

source of infection. It is not sacrilegious to say that many good people are often thus affected. Again, if the tubercule of Koch is such a dangerous element as seems to be probable, and while its transmission is believed to be through the agency of the dried sputum becoming pulverized, and being inhaled, there may be a possibility of transmission by the lips in a moist state.

Worse than all else, however (and which applies to the indiscriminate use of drinking cups at public places), is the danger of syphilitic infection.

We are dealing with plain facts now, and we must use plain terms. It has been my experience to meet more than one "wolf in sheep's clothing," and I have known a man to be, to all appearances a consistent Christian, even to that of visiting the sick, and conducting religious services at their bedside, to have syphilis, with mucous ulcers in the mouth, and he was a communicant. I have known of, and have treated, several women who had acquired syphilis innocently, and I know that some of these at least were communicants. Any one under such circumstances can contaminate and infect an unlimited number of persons, and above all should be excluded from the general communion cup.

It is time that all communicants should take this subject into consideration, even for reasons of the least danger, but yet for the best sanitary necessities. I am unable to withhold my warning voice longer. Whenever it were possible, and when it did not place me in a position that seemed too meddlesome, I have warned travellers, and others against this danger. But if the ordinary community should be warned against such dangers, how much more urgent is the necessity of warning those, who, with the most sacred intentions, may lay themselves liable to contract a disease of the vilest character.

C. S. MIDDLETON, M.D.

THE NATIONAL HOMŒOPATHIC MEDICAL COLLEGE OF CHICAGO.—The third annual commencement of the National Homœopathic Medical College was held in Central Music Hall, Chicago, February 27th.

The report of the year was presented by Prof. Printy, Dean. He stated that the students enrolled numbered 62, and of the senior class 6 had passed the ordeal of examination and were entitled to graduate.

The clinical material had been ample. Over 2000 patients had been presented to the various classes. A spring

course of two months will be held for past-graduates and undergraduate work.

The president, Prof. T. C. Duncan, conferred the degrees upon J. Egert, A. O. Accola, V. Pleth, W. Fairweather, Price Cheany and Mrs. R. Leftenberg.

The faculty prize for the best examination was awarded to J. Egert, M. D., who stood 95 per cent.

For honorable mention in the roll of honor were: P. Cheany, V. Pleth and W. Fairweather.

The faculty valedictory was delivered by Prof. Davison on "The Trials and Triumphs of Scientific Research."

The class valedictory was ably given by Dr. Price Cheany.

Rev. Dr. Beaton made the formal address which abounded in witty and wise sayings.

The exercises were enlivened by the Arion Lady Quartette.

In the evening the alumni held a reception at the residence of Prof. T. C. Duncan.

THE ESSEX HOMŒOPATHIC MEDICAL SOCIETY held a regular meeting at the office of Dr. Perkins, Lynn, Mass., March 15th. There was a large attendance. The subject discussed was Typhoid Fever.

The essayist of the evening was Dr. Fred Percy, of Brookline, who spoke upon the treatment of the disease. Papers were also read by Dr. Batchelder of Danvers, Dr. Sherman and Dr. Gardner of Salem.

Among the physicians present were: Dr. Ferguson, Dr. Sherman, Dr. Percy, Dr. Gardner, Dr. Patterson and Dr. Mudge.

THE HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS met at Cooley's hotel, Springfield, March 21st. There were eighteen members present. The following officers were elected: President, Dr. J. K. Warren, of Worcester; Vice-Presidents, Dr. F. A. Spencer, of Ware, and Dr. B. A. Sawtell, of Enfield; Secretary and Treasurer, Dr. O. W. Roberts, of Springfield; Censors, Dr. J. H. Carmichael, of Springfield, Dr. C. E. Perkins, of Warren, and Dr. G. H. Wilkins, of Palmer.

The Bureau of Surgery and Pathology, through its chairman, Dr. Carl Crisand, of Worcester, reported the following papers, which were read and discussed: "A Surgical Case," J. H. Warren, of Worcester; "Second Sight," Edward A. Clark, of Worcester; "Case of Laparotomy," J.

H. Carmichael, of Springfield; "Hæmaturia," L. Allen, of Worcester; "Morbus Coxarius," Carl Crisand, of Worcester.

NEW HOMŒOPATHIC HOSPITAL IN BROOKLYN.—A new hospital is to be opened in Brooklyn. Some of the physicians formerly connected with the Homœopathic Hospital and a number of other prominent practitioners have formed an organization which will be called the Homœopathic Hospital Association of Brooklyn. The organization was formed some time ago. Letters have been sent out to prominent and influential citizens, inviting them to become patrons of the new institution. A meeting has been called for the purpose of considering matters pertaining to incorporation.

The following are the physicians in the organization: J. Freeman Atwater, Charles Bonnell, W. M. Butler, Edward Chapin, Everitt Hasbrouck, J. Lester Keep, Edwin Miner, H. J. Pierson, Nathaniel Robinson, H. D. Schenck, W. S. Searle, H. M. Smith, and Harrison Willis.

Dr. Bonnell was the president of the old staff of the Homœopathic Hospital. He was elected a member of the consulting staff of the Memorial Hospital for Women and Children.

THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY held its 54th annual meeting April 10th and 11th. The first day's session was held at Westborough Insane Hospital through the courtesy of Dr. Adams and the Board of Trustees of that institution.

After luncheon, the Bureau of Insanity and Nervous Diseases made their report.

At 7 o'clock, the officers of the society received the members, their ladies, and invited guests, at the Hotel Vendome, Boston, where the annual banquet was served at 7.30 o'clock.

At the dinner Governor Greenhalge and Rev. George A. Gordon were the guests of honor, who thanked the presiding officer, Dr. Alonzo Boothby, the president of the Society.

The second day's session was held at Steinert Hall, Boston. At the morning session, the election of officers for the ensuing year resulted as follows: President, Dr. John P. Sutherland, of Boston; Vice-Presidents, Dr. E. P. Colby, of Wakefield, and Dr. N. W. Rand, of Monson; Corresponding Secretary, Dr. J. Wilkinson Clapp, of Brookline; Recording Secretary, Frank C. Richardson, of Boston; Treasurer, Dr. Herbert C. Clapp,

of Boston; Librarian, Dr. Jane K. Calver, of Boston.

At the afternoon session, the report of the Committee on Obstetrics, of which Dr. George H. Earl was the chairman, was made. Papers were read by Drs. Frank Gardner and G. R. Southwick. Dr. Earl read a paper written by Dr. J. W. Hayward, who was unable to be present.

Next in order, was the report of the Committee on Diseases of Children, Dr. Mary E. Mosher, chairman. In this connection, Dr. Helen S. Childs read a paper on "Vaccination." She traced the history of vaccination, and dwelt upon its rapid growth in this country.

Other papers were read by Dr. John L. Coffin, on "Infantile Eczema;" Dr. A. H. Powers, on "Cervical Lymphangitis in Children," and Dr. Mosher, on "Hydrocephalus and its Homoeopathic Treatment."

THE WASHINGTON (D.C.) HOMOEOPATHIC MEDICAL SOCIETY.—A regular monthly meeting was held on April 3d, with a good attendance of members. Dr. Fisher, of Chicago, was also present. The Advisory Committee reported that the ladies of the Free Dispensary had applied to the society for advice and assistance, and recommended certain measures for that effect, which were approved by the society. After some routine business, the Bureau on Venereal Diseases reported papers—by Dr. Choate, reporting three cases of syphilis cured by homoeopathic remedies in high potency; by Dr. Gibbs, on acute urethritis, giving the nature of the disease, its course and treatment, laying especial stress on hygiene and diet, and stating his belief that with this and rest a case may recover without medicinal treatment. Dr. Moffat reported a case of tertiary syphilis, marked by tuberculous symptoms, resulting in ulcers surrounding left knee, and extending thence downward to the ankle; also, scattered ulcers on right ankle. There were, also, lymphatic enlargements in the throat. Hepar., 30th decimal trituration, was the only remedy used, and the case steadily progressed to an apparently complete recovery.

Dr. Munson read a paper on Extra Genital Chancre, reporting one case in which the chancre occurred on the tonsil.

These papers were freely discussed by Drs. Kingman, King, Verde, Custis, Macdonald, and Fisher, after which the society adjourned.

Z. B. BABBITT, M.D.,
Secretary.

NATIONAL MEXICAN HOMOEOPATHIC HOSPITAL.—First semi-annual report of the lately established Mexican Homoeopathic Hospital in the City of Mexico.

The number of patients admitted and treated at the hospital during the first six months of its existence (from July 15, 1893, to January 15, 1894, was 350 in all. Of these, 13.4 per cent. were discharged improved, 37.7 per cent. cured, 24 per cent. left voluntarily after being relieved, and 12.8 per cent. was the death rate.

The free dispensary report of the same institution shows a grand total of 6614 cases treated, of which 3358 were males and 3256 females. Dr. Segura y Pesado, its director, and his co-workers, Drs. Montañón, Fernandez de Lara, Gómez y Suarez and Gómez Romero, should certainly feel flattered and encouraged by such results.

E. FORNIAS, M.D.

PRELIMINARY EDUCATION.—Editor of *HAHNEMANNIAN MONTHLY*, Philadelphia, Pa.—Dear Sir: Many opinions have been expressed, through your columns, as to the advantages or detriments of a State medical examination, some strongly upholding the system, others charging it with being a usurpation of power and a thrust at the integrity and proficiency of our college professors.

I agree that such a law is all right, but as now constituted overlooks one point of great importance, and which cannot help but elevate the standing of our profession, namely, the placing of any value on or offering any inducements to a more thorough preliminary education.

The fact that "natural talent without learning, has often availed more than learning without natural talent," stands unchallenged, but we cannot infer that every student of medicine has any innate adaptability to that profession: on the contrary, granting an equal fitness in every case, we must certainly admit that there are many advantages in favor of the literary graduate. My own observations have served to confirm the belief, that college educated men more readily grasp the fundamental principles of a lecture, and retain them with more certainty.

The German student of medicine must pursue a most rigid course in the literary institutions, before he can enter upon the study of medicine, and the results are seen in the fact that they have been and are now, the leaders in medical thought and investigation. The strong advocates of New York's law, admit that the pres-

ent meagre literary requirements have excluded more candidates than the medical examinations, and I doubt if any college graduate has ever failed to pass these.

The time is coming when the degree of A.B., or its equivalent will be required for matriculation in our medical colleges, and a modification of our laws anticipating that event, will do much to elevate the rank and file of our profession. Such qualifications are deserving of some consideration, and ought to be encouraged by our legislators, for the foundation bears an important relation to the superstructure, and by thus striking at the root and paying more attention to the early training, we can hope to accomplish more, than by trimming up the matured vine, which may have little depthness of earth. Though this communication may not merit publication, I trust it may suggest a point to the editors who can clothe it in a more delicate phraseology.

Very respectfully,

JOHN P. LANGWELL, M.D.

NEW HOMŒOPATHIC HOSPITAL, Rochester, N. Y.—Work on the new Homœopathic hospital on the Freeman Clarke estate, on Alexander street, was begun March 22d. The property comprises seven acres. It was purchased two years ago for \$85,000. Five buildings will be erected at a cost of \$70,000. They are to be completed by August 1st. Two of the buildings will be three stories in height and will be built as wings on either side of the homestead. These will have 33 feet frontage with a depth of 120 feet. The will be called, the North Ward and the South Ward. They will be devoted to the use of the patients. The homestead will be used for parlors and offices. The operating department, 40 by 50 feet, two stories in height, will be in the rear of the main building. A kitchen building three stories in height, and a laundry will be provided, also a ward for contagious diseases and a morgue.

THE KINGS COUNTY HOMŒOPATHIC MEDICAL SOCIETY held its 290th regular meeting, March 13th, in the rooms of the Franklin Literary Society, Brooklyn. Papers were read as follows: "Anomalous Forms of Vegetable Parasitic Diseases of the Skin," Dr. P. E. Arcularius, New York; "Apis Mellifica, its Curative Power," Dr. G. H. Parkhurst; leaders in discussion, Dr. Nathaniel Robinson, Dr. B. L. B. Baylies. Report of the Bureau of Obstetrics, Charles W. Smith, M.D., chairman: "Placenta

Prævia," Dr. H. Willis; "Axis Traction Forceps," Dr. W. W. Blackman; leaders in discussion, Dr. H. J. Pieron, Dr. E. Chapin. Report of the Bureau of Verification of Symptoms, H. D. Schenck, M.D., chairman.

LOWELL, MASS., HAHNEMANN CLUB.—The regular monthly meeting of the Lowell Hahnemann Club was held, March 20th, at Dr. Packer's office. After the business, Dr. Leland opened the discussion of the drug *brionia*, presenting it in its general aspects and uses. Dr. Warner discussed the digestive sphere of the remedy; Dr. Hunter took up the mental symptoms; Dr. Holt reviewed its effects and uses in the respiratory tract; and Dr. Martin discussed its uses in various forms of rheumatism; followed by general discussion on relation of cases, etc. The next meeting will be held at Dr. Hunter's office, April 17th, when the drug *helleborus niger* will be discussed in a similar manner. Dr. Warner was elected secretary of the society to fill a vacancy.

MISSOURI HOMŒOPATHIC MEDICAL COLLEGE.—The thirty-fourth annual commencement of the Homœopathic Medical College of Missouri was held at Pickwick Theatre, March 22d. Revs. E. B. Chappell and Frank S. Tyrrell made addresses, and Dr. W. A. Edwards, President of the Board of Trustees, conferred the degrees upon William Badger, St. Louis; R. E. Graul, Burlington, Tex.; E. J. Hall, St. Louis; A. W. Hayward, Mound City, Kan.; J. M. Lockhead, St. Louis; L. W. Minnick, Wichita, Kan.; G. C. Mohler, New Hebron, Ill.; R. B. Ranney, Cedarville, O.; Scott E. Parsons, Jr., St. Louis; J. S. Sargent, St. Louis; Mrs. Mary E. Horn, St. Louis; Mrs. Marguerite Squiers, Carrollton, Ill.; Mrs. Adella Walter, St. Louis; and Mrs. M. E. Wolfer, St. Louis.

E. J. Hall, J. M. Lockhead, T. M. Turner, and Mrs. Squiers carried off the prizes.

ALUMNI MEETING OF HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.—The regular annual meeting and banquet of the Alumni Association of the Homœopathic Medical College of Missouri was held at the Mercantile Club March 22. Officers for the ensuing year were elected as follows: President, Dr. James A. Campbell; First Vice-President, Dr. C. J. Layties; Second Vice-President, Dr. W. A. Edmonds; Secretary, Dr. W. B. Morgan; Treasurer, Dr. C. A. Carriere.

After the election of officers the banquet was held. Dr. W. C. Richardson acted as toastmaster, and the following toasts were responded to: "Our College," W. A. Edmonds; "Advances in Medicine," A. Merrill; "The Alumni Association," W. John Harris; "The Physician as I Have Known Him," Rev. John Snyder; "Surgery and Homœopathy," W. B. Morgan; "Homœopathic Literature," Irenæus D. Foulon; "Student Days," A. H. Schott; "The New M.D.," J. S. Sargent.

CENTRAL NEW YORK HOMŒOPATHIC SOCIETY.—The third quarterly meeting of the Central New York Homœopathic Society was held in the Yates, in Syracuse. President Isaiah Dever, of Clinton, read a communication, and following this was the report of the censors. Dr. Dever, D. V. Ross, of Rochester, and Dr. C. S. Olds, of Philadelphia, read papers. Drs. Grant, Biegler and Ross, of Rochester, Johnson, of Pittsford, Seward, of Syracuse, and Wells, of Utica, were a committee which reported on the publication of a history of homœopathy in New York State. The committee appointed to inquire into the feasibility of starting a journal gave an interesting report. The meeting concluded late in the afternoon.

LOCATIONS FOR GRADUATES.—The following excellent locations in southern Ohio are open for the location of homœopathic physicians: Groveport and Winchester in Franklin county; Thornville, Junction City, Corning, and New Straitsville in Perry county; Millersport, Baltimore, Carroll, Pleasantville, Bremen, Sugar Grove, and Amanda in Fairfield county. Dr. J. P. Hershberger, of Lancaster, O., will furnish any information desired regarding these locations.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO held its Thirty-fourth Annual Commencement Exercises Thursday afternoon, April 5, 1894, at the Grand Opera House, Chicago. The order of exercise was as follows:

Report of the Registrar, Joseph P. Cobb, M.D.; Address to the Graduating Class, Rev. Reese B. Kester; presentation of Diplomas and Address, R. Ludlam, M.D., President; Awarding of Prizes and Address, H. B. Fellows, M.D., Dean; and Music.

The alumni banquet of the college was held in the evening at the Auditorium Hotel. Dr. E. M. Bruce was master of ceremonies. Among the toasts were:

"Our Faculty," Dr. C. H. Vilas; "Our Girls of '94," Mrs. Catherine B. Clapp, M.D.; "Our Hospital," Dr. George E. Shears; "Our Boys of '94," Dr. H. F. Cole; "Our College," Dr. J. P. Cobb; "Our Friends," Drs. O. W. Carlson of Milwaukee and C. G. Hieby of St. Paul; "Our Alumni," Dr. H. V. Halbert; "Our Organ," Dr. D. R. Ludlam.

READING, PA., HOMŒOPATHIC LEAGUE.—A meeting of the Homœopathic League was held at the office of Dr. W. F. Marks, April 6th. Those present were: Dr. W. F. Marks, E. Z. Schmucker, J. G. Grosscup, L. J. Knerr, W. A. Haman, H. F. Schantz and C. R. Haman. Dr. H. F. Schantz presented a paper on "Aural Massage in the Treatment of Deafness and Tinnitus Aurium," in which he detailed the history of the treatment of a number of cases of deafness with a new instrument. After adjournment Dr. Marks entertained the society in honor of the 25th anniversary of his entrance into the ranks of the medical profession. An elaborate collation was served.

LOWELL, MASS., HOMŒOPATHIC DISPENSARY.—The Homœopathic physicians of Lowell have organized a new dispensary, to be opened about May 1st. Daily general medical clinics are to be given; surgical clinics twice a week; gynecological clinics four days a week. Daily dental clinics will probably be added.

The president of the association is Dr. E. H. Packer; Secretary and Treasurer, Dr. G. Forrest Martin. The other members are Drs. H. M. Hunter, F. A. Warner, C. H. Leland, A. W. Hill and E. B. Holp.

RHODE ISLAND HOMŒOPATHIC SOCIETY.—A quarterly meeting of the Rhode Island Homœopathic Society was held at the residence of Dr. Robt. Hall, Providence, April 13. The President, Dr. Whitmarsh, called to order promptly at 6 o'clock, and introduced Prof. W. O. McDonald, M.D., of the New York Homœopathic Medical College, who presented a paper on "Apendicitis." It described in detail two recent cases of this disorder that had fallen to his care, and discussed their phenomena with special reference to the recognition of the chill as a reliable indication for operation.

Protracted remarks followed, often in a conversational style, by Drs. Whitmarsh, Shipman, Sawin, Roberts, Hall and the others. Geo. W., Roberts, M.D., also of New York city,

presented a paper on "Hip Disease," which, he considers, is always of a tubercular nature. Tuberculosis depends for its existence upon the coincidence of two causes, predisposition, which may be either hereditary or acquired as by some injury, and the presence of the tubercular bacillus, which, in fact, is practically omnipresent. He recommended the Phelps method of treatment, which consists in the fixation of the diseased joint, the extension of the affected limb and the application of a side weight to prevent the pressure of the head of the thigh bone upon its socket. Drs. Barnard, Whitmarsh and McDonald discussed the subject at length.

At this point Dr. Hall invited his guests, numbering about thirty, to the dining-room, where ample justice was shown an elaborate collation. Prof. Edmund B. De Lebarre addressed the Society on the "Nature and Value of Hypnotism," who defined the state as a condition of the mind peculiarly open to suggestion. A very spicy debate and close cross-questioning followed, in which Drs. Sawin, Whitmarsh, Sayer, Hasbrouck, Emma Phillips, Hall and Budlong participated. The Society adjourned after voting to continue papers which had been prepared by Drs. Shipman, Stone, Gertrude Gooding and George B. Peck to the next meeting.

THE HARPER MEMORIAL HOSPITAL MEDICAL SOCIETY met on Monday evening, April 9, 1894, at the office of Dr. Theodore P. Gittens, No. 1716 Diamond street. Paper of the evening was read by Dr. Lichtenwalner. The following members took part in the discussion: Drs. Reading, Summers, Biscoe, Gittens and Ashcraft. After the business meeting the members were pleasantly entertained by Dr. Theo. P. Gittens.

PRACTICE FOR SALE.—A physician with an established practice in a thriving Pennsylvania town of 8000 to 10,000 inhabitants, wishes to dispose of his practice and real estate. No charge will be made for good will. Address "D." care of THE HAHNEMANNIAN MONTHLY, 419 Pine Street, Philadelphia.

THE SPRING COURSE of the National Homeopathic Medical College of Chicago, for beginners, and review for undergraduates, and post-graduate work for physicians, opened March 29th, with a good class.

THE NORTHERN INDIANA AND SOUTHERN MICHIGAN HOMOEOPATHIC MEDICAL SOCIETY will hold its sixth semi annual meeting at Elkhart, Ind.,

in the Century Club Rooms, Thursday, May 3, 1894. The meetings of this young but vigorous society have thus far been a grand success, and this one promises to be still better.

The announcement advises the members of the society to "Take a day off and give your patients a chance."

KENTUCKY HOMOEOPATHIC MEDICAL SOCIETY.—The 9th annual meeting of the Kentucky Homoeopathic Medical Society will be held in Lexington, May 15th, 16th, and 17th, and the inducements for a large attendance are regarded as superior to those of any former meeting. Good papers, and a great variety of subjects are predicted in the announcement cards.

WARD'S ISLAND HOSPITAL, has been removed to Blackwell's Island, where they will have much more extensive quarters than before. Hereafter it will be known as the Metropolitan Hospital.

PERSONALS.—Dr. J. Nicholas Mitchell has removed to 113 S. Sixteenth Street, Philadelphia.

Dr. J. Eaton Johnstone has located at Henry, Ill.

Dr. Thomas D. Clegg has located at 2038 N. 29th Street, Philadelphia.

Dr. W. F. Dean has removed from Ludington, Mich., to Lagrange, Ill.

Dr. H. C. Chisholm, of Huntingdon, Pa., announces his removal to 528 Penn. Street.

Dr. Ira L. Wyant, of Cleveland Medical College, has located at Chester Cross Roads, Ohio.

Dr. C. E. Fisher, editor of the *Medical Century*, made a flying visit to the East recently, stopping at Philadelphia, New York, Washington, etc.

Dr. R. H. Edmundson has been appointed Physician and Surgeon to the Black Diamond, Caledonian, and Sunshine coal mines, and to the Atlantic and Pacific railroad at Gallup, N. Mex.

Dr. H. Ballou Bryson has removed from 417 Penn Avenue, and is now permanently located on the fourth floor of the new Methodist Episcopal building 524 Penn Avenue, next door to the Duquesne Theatre, Pittsburg, Pa.

PASSED.—Professor.—If a person in good health, but who imagines himself sick, should send for you, what would you do?

Medical Student.—Give him something to make him sick, and then administer an antidote.

Professor.—Don't waste any more time here. Hang out your shingle.—*New York Weekly.*

THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

JUNE, 1894.

CONTENTS:

	PAGE
The Alumni Reunion of "Old Hahnemann," Philadelphia.....	81
Announcement of Committee on Transportation, American Institute of Homœopathy.....	90
The Meissen.....	91
National Association of Homœopathic Medical Examiners.....	92
The Homœopathic Medical Society of Ohio.....	93
New Jersey State Homœopathic Medical Society.....	95
Personals.....	96

THE ALUMNI REUNION OF "OLD HAHNEMANN," PHILADELPHIA.—The annual reunion of old Hahnemann Alumni met in business session at 4.30 P.M., May 8, 1894, in Alumni Hall, Hahnemann College, Philadelphia, 150 members present. The president, Dr. I. Tisdale Talbot, class of '53, Dean of the Boston University School of Medicine, in the chair. After a few graceful words of welcome from the president, the executive committee reported progress, stating that the association was in excellent condition, having on the roll 874 members, with 76 applicants for membership—a total of 950. The committee further reported that the new edition of the constitution and by-laws, with list of members, with addresses, together with list of officers past and present, ordered at the last annual reunion, had been published and distributed to each member of the alumni whose address is known (nearly 1700). The committee requested that the members notify the secretary of any error of omission or commission in the list of names and addresses. On motion, the report of the committee was accepted.

The following gentlemen were then elected to membership; Drs. W. Biddle Gilman, '69, Philadelphia; Robert Murdoch, '72, Wilkes-Barre, Pa.; Wilson Peterson, '58, New York City; Chas. R. Haman, '91, Reading, Pa.; W. C. Seitz, '88, Glen Rock, York Co., Pa.; L. D. Balliet, '80, Du Bois, Pa.; Mahlon Preston, '61, Norristown, Pa.; W. S. McFayden, '93, Manayunk, Philadelphia; Willard B. Carpenter, '79, Columbus, Ohio; Charles H. Wells, '91, Philadelphia; W. H. Phillips, '92, Cape May, N. J.; Horace G. Griffith, '76, Manayunk, Philadelphia; Chas. T. Shinn, '91, Philadelphia; Wm. M. Gwynn, '68, Throopsville, Cayuga Co., N. Y.;

Edward A. Heath, '90, London, England.

Prof. John E. James, M.D., Registrar, then made the following report for the faculty, which was accepted:

Report of the Hahnemann Medical College.—On behalf of the college, I would respectfully report that the hospital department has been more successful than ever before—a larger number of medical, surgical, gynecological and ophthalmological cases received and treated than in any previous year. The private rooms have been in almost constant use, and the nurses' training-school self-sustaining, by reason of the use of nurses in private nursing outside the hospital.

The change of the laundry and added new machinery is a great improvement. The addition to the dispensary building made necessary because of the increasing number of patients and the necessities for clinical teaching to small classes, are completed, the whole costing about \$14,000—nearly all provided for.

The museum has been enlarged by the addition to the general library of 480 bound volumes, about 800 pamphlets. Prof. A. R. Thomas's donation to general library, 280 volumes, and Prof. A. R. Thomas's special anatomical library, 262 volumes.

The college department has been very successful, having had 275 matriculants this year, an increase of 22 over last year; a class of 68 graduates for this year.

There is a strong desire, very evident, among all the teachers to make their work practical and useful, with an unusual eagerness among the class to profit by it, which has made the last year seem to us to have been a very successful one.

Respectfully yours,
JOHN E. JAMES,
Registrar.

Dr. Chas. Mohr, who had been doing effective work in the interest of the Thomas bed, reported that the A. R. Thomas free bed movement—a testimonial in honor of Dr. Thomas's forty years' service—had been successful, nearly the full amount necessary being raised in three weeks.

The chair appointed as a committee to nominate officers for the ensuing year, one member from each class represented. The committee was as follows: Dr. J. H. McClelland, '67, Pittsburgh, chairman; Thomas C. Williams, '53; Tullio de Suzzara Verdi, '56, Washington, D. C.; Bushrod W. James, '57; Wm. H. Malin, '58; Pemberton Dudley, '61; Caleb S. Middleton, '62; Van R. Tindall, '64; J. J. Currie, '66, Beverly, N. J.; Wallace McGeorge, '68, Camden, N. J.; Thomas L. Bradford, '69; Thos. S. Dunning, '70; Wm. H. Keim, '71; M. S. Williamson, '72; Chas. W. Karsner, '74; Geo. W. Smith, '76; Lyman B. Swormstedt, '77, Washington, D. C.; J. Paul Lukins, '78, Wilmington, Del.; Horace F. Ivins, '79; Isaac G. Smedley, '80; Wm. R. King, '81, Washington, D. C.; Willis H. Middleton, '82; Edward W. Mercer, '84; Biddle R. Marsden, '85; Jno. E. James '86 (Hon.); Carl V. Vischer, '87; Edmund H. Kase, '88; C. Wesley Roberts, '89, Scranton, Pa.; Frederick W. Lange, '90, Scranton, Pa.; Henry F. Schantz, '91, Reading, Pa.; Frederick J. Haerer, '92; George B. Moreland, '93, Pittsburgh, Pa. The committee, at request of the president, withdrew to the faculty room, and proceeded with its duties.

The necrologist's report, by A. W. Bailey, M.D., '86, Atlantic City, N. J., was then read and accepted.

NECROLOGIST'S REPORT.

Class 1854.—Elijah Utley Jones, M.D., of Taunton, Mass., died November 26, 1893.

Class 1855.—Henry Thomas, M.D., of Llandudno, North Wales, died February 6, 1894.

Class 1867.—Samuel Swan, M.D., of New York, died October 18, 1893.

Class 1876.—Frank M. Earle, M.D., of Philadelphia, died December 11, 1893.

Class 1880.—S. Eugene Dean, of Minneapolis, died February 8, 1894.

Henry Thomas, M.D., was born in Chester, England, and died the sixth day of February, 1894, aged 61.

At the conclusion of a good general education, Dr. Thomas began the study of medicine with Dr. Norton of Chester in 1849, a thorough convert to the law of similars.

In 1852 he came to America to pursue a college course, first going to

Cleveland, afterward to Philadelphia. After a three years' course he graduated from the Homœopathic Medical College of Pennsylvania, returned to England, and settled at Northampton as an assistant to Dr. Pearce. He remained here but one year, then moved to his native city, where he soon established himself in practice.

In 1857 the medical act came into force, and registration under its terms became essential in order to be legally qualified as a practitioner. According to Clause 11, Section A of this act, Dr. Thomas's claim seemed to be clear. The clause reads as follows:

"Doctor of Medicine of any foreign or colonial university or college, practicing as a physician in the United Kingdom upon the first day of October, 1858, who shall produce a certificate, to the satisfaction of the council, of his having taken the degree of Doctor of Medicine after regular examination, or who shall satisfy the council under Section 45 of the Act that there is sufficient reason for admitting him to be registered."

Dr. Thomas complied with the provisions of this act by sending the Registrar the evidence he required. After some delay he was informed his evidence was not sufficient, neither were his diploma or tickets of attendance on lectures accepted as evidence. Dr. Thomas wrote to the Homœopathic Medical College of Pennsylvania for further evidence, and the following certificate was sent to him.

"This may certify:

"That during the month of February, A.D. 1855, Mr. Henry Thomas, of Chester, England, was examined for the degree of M.D., by the several professors of the Homœopathic Medical College of Pennsylvania, and that the said examinations continued (were) for the space of five consecutive days. Also, that these examinations were satisfactory to the examiners, and Mr. Thomas was approved as worthy of the degree of the college.

"In testimony of which we, the President and the Secretary of the college, subscribe our names, and attach the seal of the corporation.

"Done this 27th day of August, A.D. 1858.

[SEAL.] "A. N. PARSONS,
President.

"WM. A. REED,
Secretary."

Upon having this presented to him the Registrar replied, "This gives no satisfactory account of your examination."

Further correspondence ensued, and much time was consumed, but the question was never settled. Dr. Thomas took legal advice in the mat-

ter and was advised to serve a written demand upon each member of the Branch Council for England. This he did and at a meeting of the Council held June 21, 1860, the question was brought up and after some fiery discussion was referred to the Attorney-General for an opinion. No record of that opinion can be found, but the *Monthly Homœopathic Review* says, "We believe that the opinion was to the effect that the Homœopathic Medical College of Pa. was not a college within the meaning of the act."

Dr. Thomas declined to do anything further in the matter feeling that his effort to comply with the law would protect him did any question of legality arise. He was never further molested.

In 1872, Dr. Thomas succeeded Dr. Norton as resident physician of the Hydropathic Establishment at Llandudno. Here he was most successful, and here he ended his life work.

About a year before his death, Dr. Thomas met with a serious injury to his head while getting through the roof of the Turkish bath connected with the establishment. In a few hours this injury was followed by apoplexy. From this he recovered wonderfully, and was much as he had been for years, bright, intelligent, and full of energy, and taking long walks.

Toward the end of January of this year he had another attack of apoplexy followed by hemiplegia which terminated fatally on the 6th of February.

"There was no man," writes his old friend, Dr. Proctor, "who was more widely known and respected throughout North Wales than Dr. Thomas. He was offered both municipal and parliamentary distinction but uniformly declined both. His nature was a retiring one. He was a successful practitioner, his work being characterized by great shrewdness in diagnosis, and a firm attachment to homœopathy. As a naturalist he knew nearly everything that had life. The fauna and flora of his beloved Wales he knew thoroughly."

In addition to medicine and natural history he possessed a well cultivated taste for fine arts, which found expression in the valuable collection of pictures, china, carvings and antique furniture he had gathered around him.

Samuel Swan, M.D., was born at Medford, Mass., July 4, 1815, and died at New York, October, 18, 1893.

Dr. Swan secured his early education at Bradford Academy, Bradford, Mass., and having a taste for music began his career as a teacher in Boston.

In 1842 he married Miss Staniel, of Boston, and shortly afterward, on account of impaired health moved to Montgomery, Alabama.

While here he became interested in medicine, especially homœopathy, and studied under Drs. Ulrick and Albright of that city. During Dr. Swan's residence in Montgomery that city was visited by an epidemic of yellow fever, and the doctor with Drs. Ulrick and Albright was so successful in combating the epidemic that he determined to make medicine his life study.

In 1860, therefore, he moved to Wilmington, Delaware, and attended lectures at the Hom. Med. Col. of Pa. at Philadelphia, graduating in 1867.

He then moved to New York where he resided till his death. During his early practice in that city he was associated with Dr. Edward Bayard, and they were always the warmest of friends.

Dr. Swan became interested in high attenuations early in his practice, and later to the use of morbid products of disease as remedies. These he was constantly proving upon himself and other healthy persons. Later he began the manufacture of these remedies. His ideas concerning these morbid products caused a good deal of unfavorable comment in the profession, and because of this Dr. Swan felt it incumbent upon him to withdraw from several medical societies of which he was a member.

He was almost a constant writer, many hours being spent at his desk writing upon subjects which interested him. Very few of his articles, though, ever passed into the printer's hands, but were given to a little circle of admirers who were interested in the same direction as he was. His writings were not wholly confined to medicine, for he wrote a great deal upon religious topics.

Dr. Swan as a man well informed in general science, and took a lively interest in all new scientific discoveries.

For several years he had been troubled with a throat affection, and his strength was somewhat undermined. In this condition he had an attack of grip from which he never recovered, and peacefully passed away at the age of seventy-nine.

Dr. S. Eugene Dean was born in Bloomington township, near Minneapolis in December, 1858, and died at his residence on Grand Avenue, that city February 8, 1894, being a little over thirty-seven years of age.

Though he had not reached more than middle life Dr. Dean gave promise of what his full life would

have been had he lived the allotted time of three score years and ten.

His early education was secured in the public schools, and later at Carleton College. His medical studies were completed at Hahnemann College of Philadelphia, graduating in the class of 1880. His first settlement was Watertown, later, Buffalo, both towns in Minnesota; in the latter place he married. Seven years ago he moved to Minneapolis, and was securing a good practice when an untimely death called him away.

Dr. Dean was a true-hearted, honest, retiring and modest man, but in his short time of practice he did much good work for the cause of homeopathy. His death was caused by uræmic poisoning, consequent upon a mitral insufficiency, an affection from which he had been a sufferer for ten years.

The Treasurer's Report was called for. There being no response, it was referred to the Executive Committee for action.

The Nominating Committee reported, through its clerk, Dr. Thomas L. Bradford, '69, the following nominations for officers to serve for one year, term of office beginning October 1, 1894: President, Asa S. Couch, M.D., '55, Fredonia, N. Y.; Vice-Presidents, L. H. Willard, M.D., '66, Allegheny City, Pa.; Wallace McGeorge, M.D., '68, Camden, N. J.; Frederick W. Lange, M.D., '90, Scranton, Pa.; Permanent Secretary, Wm. W. Van Baun, M.D., '80; Provisional Secretary, Edmund H. Kase, M.D., '88; Treasurer, Wm. H. Bigler, M.D., '71, and Executive Committee, to serve for three years, Carl V. Vischer, M.D., '81, E. W. Mercer, M.D., '84, and E. R. Snader, M.D., '84. The report was accepted, and, on motion, the gentlemen nominated were elected unanimously to office. There being no further business, the attention of Alumni was called to the students' journal, *The Institute*, and they were urged to support it by sending their subscriptions of fifty cents each to *The Institute*, care of the Hahnemann Medical College, 222-230 North Broad Street, Philadelphia, Pa. The members were also reminded that they could procure the official Alumni button for one dollar and a two-cent stamp by writing to Dr. Lyman B. Swornstedt, 1445 Fourteenth Street N. W., Washington, D. C. On motion, the Association adjourned to meet at the banquet hall of the Stratford Hotel. Among the Alumni present at the business meeting were: Isaac Crowther, '80, Chester, Pa.; C. R.

Palmer, '93, West Chester, Pa.; G. W. Mackenzie, '93; C. F. Stenger, '81; J. P. Pirch, '70; L. C. Wessels, '92; W. H. Somerville, '81; Frederick J. Haerer, '92; W. H. Malen, '58, John J. Currie, '66, Beverly, N. J.; W. R. Geiser, '92; Chas. T. Shinn, '91; W. Strong, '89; Horace E. Ivins, '79; F. Hart Smith, '66; S. C. Webster, '90, Media, Pa.; H. S. Weaver, '92; Jos. C. Guernsey, '72; Frederick W. Messervé, '85; C. R. Haman, '91; and H. F. Schantz, '91, Reading, Pa.

THE BANQUET.

The two hundred places of the banquet board were filled. The room was heavily draped with the blue and gold bunting and flags of "Old Hahnemann." The guests were entertained with old college tunes and popular airs by the orchestra and frequent songs by the quartet of the class of '94, Drs. Edward S. Grigsby, San Francisco, Cal.; David Le Roy Merriman, Lewisburg, Pa.; George Hughes Boone, St. Clair, Pa., and Frank Waller Brierly, New Brighton, Pa.

The banqueters were called to business for a few minutes, and 61 members of the class of 1894 were elected to membership in the Association. The evening's exercises partook largely of an ovation to Prof. A. R. Thomas, M.D., Dean of the college, in honor of his forty years of service as a lecturer on anatomy. The menu consisted of a brochure of cardboard, 6 x 8½ inches, tied with wide white satin ribbon, the cover being white embossed, the words "Hahnemann Alumni Association" in gold, decorations, the college flags in blue, yellow and gold. On one leaf was a handsome steel engraving of Dean Thomas. Speeches being in order, the president, Dr. I. T. Talbot, '52, presided and opened with a response to the "Alumni," speaking as follows:

Friends and Associates:

We come together to-night not in any spirit of pride, boastfulness or self-glorification but rather with feelings of thankfulness, gratitude and joy.

1st. We are all *physicians*. When we speak that word in its highest, holiest associations, what is there in humanity that excels it? The Son of God in his human relations had no title which more endeared him to the hearts of men than "the Great Physician." When he made the blind to see and the lame to walk, how mankind bowed down in thankful adoration. We, too, are most nearly approaching the Master when we hum-

bly, earnestly, faithfully strive to follow his divine example. To those of us who even now are looking toward the sunset of life what moments of our lives have been more completely filled with gratitude and thankfulness and joy than when by our efforts Death has been beaten back from his seeming victim and loving lives have been continued to loving hearts.

To those now in the morning of their professional careers what can be more soul-stirring than the opportunities which open to them. The ever-expanding pathway of life rightly followed will be replete with joy. Have we not reason for thankfulness, one and all, that we are physicians?

2d. The times. What a sense of gratitude that we are permitted to be here at this period of the world. There have been times when medicine at its best was but a jumble of ignorance, mysticism and superstition when deception was practiced and many a life was cruelly stamped out by attempts to exorcise devils which nature, left to herself, would easily have removed.

The centuries of increasing enlightenment brought more of wisdom and knowledge to our own art, and science came in to lift the clouds of mystery and superstition. Have we not great cause for thankfulness that so much once unknown is now well understood and that facts have largely displaced mystery?

3d. The cause. Have not we special reason to be thankful here to-night that we are *homœopaths*? We have been told of the "currents and countercurrents of medical opinion," how medical truths go floating on the changing surface of the ocean of speculation, until, perchance, landed on some desert island, lost, perhaps, forever or forsooth drowned in the vortex of destructive error. This coming and going of medical fashions or opinions has been compared to the swinging of the pendulum, now near, now far; old and discarded theories become new and are once more accepted. Not many years ago, one of the distinguished physicians of this city predicted that again bloodletting would be resumed with all its blind infatuations. How often the men who should know better delve into the past and endeavor to resuscitate some forgotten or exploded medical notion.

We are now fast approaching the closing of a century at the beginning of which appeared a man who swept aside the medical errors then rife and upon darkness and superstitions opened wide the door for the light of

truth and science to enter. That man was Samuel Hahnemann!

The advent of Hahnemann was not a mere synchronism with advancing knowledge. By his patient investigation he discovered a great and guiding principle in medicine which demolished many vague, harmful and false ideas. This has led to a complete revolution in the prevailing notions and practices of the times. So sweeping have been its changes that it is not strange that it aroused violent opposition and bitter denunciation. But through the century homœopathy, which in a word embraces the great reform in medicine, has maintained its steady progress in spite of all opposition, has spread the world over and modified and greatly changed all medical thought. "The currents and counter-currents" have not diverted its principles, but, like the river flowing to the sea, they have swept on with steadily increasing force. The very earliest remedies of homœopathy are unchanged. Aconite to-day relieves the same symptoms which it has relieved through the entire century. So, too, of belladonna, nuxvomica, phosphorus, mercury, arsenicum, sulphur and, in fact, the whole *materia medica*; time changes not their value and efficacy.

For all of this and the power and influence which belongs to it, for all we are and all that has been given to us, have we not a right to be more than thankful here to-night?

We are here as physicians but let us not forget likewise that we are here as *homœopathic* physicians. The time has not yet come when we can cease to emphasize the great law of cure. It is not yet universally accepted. Old prejudices are still alive; the Octogenarians have not all passed away and sometimes the bitter prejudices are instilled into callow minds. Until these have subsided and the profession calmly seeks for truth alone the term homœopathy must remain a watchword for that truth.

May we for a moment in looking to the future consider our individual duties.

We need not dwell upon our duties to ourselves—if self-love and instincts of safety are not a sufficient protection, words from any source will not save us; to our patients—the long, watchful, anxious hours, the minute-man's service by day and by night, the anxiety of friends, responsibility, ambition, reputation, all render intense hours of the physician's life; to the community whose health and life we are bound to protect from danger.

All these duties are so often impressed upon us that one must be very dull if he does not recognize them; however, he may or may not perform them.

But there is one other theme which we may profitably consider. It is our duty to the profession. Public and private charitable institutions receive our fostering care; we give to them our time, our skill and often our money; we beg for them, we work for them and we rejoice when they are successful and the poor and suffering are relieved by them. How is it when it comes to the profession itself and the institutions which tend to improve it—the medical societies and colleges? Are we not often too busy to devote our time, too tired to work for them, too poor to give our money, sometimes a little too jealous—but no, we will rule out that point. What physician is there but should contribute of his time and thought to make our societies more valuable? If they are not what they should be, ask yourself if it is not partly *your* fault. Two physicians cannot come together in a friendly spirit without both being benefited. Sometimes I have had hard feelings towards an associate which a warm clasp of the hand, a few friendly words, or even a toothsome dinner dissipated forever. Who here to-night bears enmity towards any living being? Let us then cultivate the warmest friendship in the profession and make our societies a strength instead of a weakness.

What shall I say of colleges? Is there anything in which the medical profession should take a deeper interest than in our medical colleges? In them professionally we were nurtured and raised; from them we gained our medical knowledge; to us they gave that diploma commending us to the world. These colleges have received the tender title of *Alma Mater*. But what have we done for our Alma Mater? Have we watched with sympathy her struggles? Have we always had a good word for her to strengthen her reputation? Have we helped her pecuniarily by founding new and needed departments? Have we sent in a bank check occasionally to eke out the scanty recompense given her professors? Have we interested our rich patrons to contribute of their wealth to the improvement of a profession which benefits all humanity? If, to our greatest ability, we have done even this, then we have not proved an entirely graceless son to a tender mother. If we have not, is it not time for us to reform?

The spirit is now abroad, in this country especially, for the improvement of medical instruction. The low standard which but a few years ago the profession accepted should bring the blush of shame to our cheeks. But it should make our hearts bound with joy that the future daily brightens; that beginning in the united action of the medical colleges of our own school sustained by the American Institute of Homœopathy we have taken long strides in raising that standard of education.

To us here to-night it should be our greatest joy that our own college, our own Alma Mater, the mother of all our homœopathic colleges should have taken such great strides of improvement and have come to the front in the extent and thoroughness of her instruction. Long may she live and advance until she shall become the leading medical college of the world, and may we each one of us have the joy and the honor of having assisted her in her glorious triumph!

After the applause had died away, President Talbot happily introduced Dean Thomas; calling for three cheers and a tiger: they were given with a will. The class of '94 rent the air and made night joyous, tinging it red, with a syren accompaniment of

"Rah! rah! rah!"

Rah! rah! rah!

Hahnemann, Hahnemann

Sis. boom, ah."—THOMAS.

After the ovation had expended itself the Dean responded to "Forty Years' Service."

Mr. President, Friends, and Fellow Alumni:

This evening has been to me, one of such astonishing surprises, and of such unexpected expressions of appreciation on the part of my friends, that I find myself quite overwhelmed, and almost powerless for giving expression to the feelings that have been thus induced. I would be glad indeed, were I able to find words fitting for such an occasion, but fear I shall utterly fail in any such an attempt. That I have been highly gratified as well as surprised, by the words to which I have listened, I hardly need say. But I would that I could feel that I am really deserving the many compliments that have been uttered, or that I am entitled to so much credit as has been given me both in the language of the circular sent out as well as in the remarks to which I have listened. But, Mr. President, whatever I may have done to aid in the accomplishment of the great work

referred to to-night, others are deserving of equal praise and credit. It is true that what my hands found to do was done with might, yet in witnessing the accomplishment and completion of our purpose, I have experienced all the happiness, and received all the reward that I ever anticipated or deserved.

I have felt, Mr. President, that the young men of the class of '94 from whom I have been so much separated during the past session, might expect me to address some remarks especially to them, and say something that they might remember of the occasion. We are all generally interested in hearing from men who have acquired what might perhaps be considered as success in life, something in relation to the circumstances which led to their career, or anything which might have contributed to that success.

In many instances I think it will be found, that trifling incidents as they appeared at the time, have tended to divert or direct the stream of events, in the end bringing about results never anticipated; such, at least, has been the fact in my case.

Quite early in life I was led to entertain a strong predilection for the medical profession. This was greatly increased by having spent a season in the family of my uncle Dr. A. R. Avery, while attending an academy in his village in western New York. Dr. Avery was a man of position and influence in his town. He was much respected by the whole community, and became my beau-ideal of a man and a physician. His neat white cottage with its green blinds, his tasteful and well kept grounds, his ample library and noble profession, all combined to form a picture of life, than which nothing appeared to me so desirable or so worthy of aspiration. My path however appeared to lead me in another direction, and at the age of 25, I found myself married, the father of what I thought a fairly promising son, and as I thought settled in business for life, as a member of the firm of Spaulding & Thomas, dealers in general merchandise, in Ogdensburg, N. Y.

The business of Spaulding & Thomas, however, was not a very flourishing one. Times were hard, money scarce, profits small, and the end of the year found them with but a small balance on the right side of the ledger.

A consultation was held, which resulted in an offer from Spaulding to either buy my interest, or sell his for a

certain sum. The offer was held under advisement. The difficulties of arriving at a conclusion seemed to increase daily; I hesitated, until one day the matter was settled in a most unexpected manner. Having occasion to visit a place of business two squares away, I could reach the point (our store standing on a corner), either by turning to the right and passing down Water St., or the left, passing down Ford St., I stood a moment in the door hesitating, but finally turned to my left, passing down Ford St., which road led ultimately to Philadelphia, and to this time and place. Had I turned to the right, I should in all probability to-day have been selling groceries and dry goods under the firm name of Thomas & Son.

Thus the destiny of two persons at least was settled by a simple turning to the left instead of to the right.

You would inquire, how did all this happen? It was in this wise. In passing down the street, I found some laborers engaged in excavating for the foundations of a new building, intently examining something apparently discovered in their operations. My curiosity led me to go down and see what it was, when I found they had exposed an old Indian skeleton with various trinkets identifying its character. I secured the skull took it home, cleaned it up and examined it with the greatest interest and satisfaction. My early visions of the country doctor with the white cottage and green blinds was at once revived. I soon made up my mind that my opportunity had arrived, and the next day announced that I would take instead of giving, and the firm of Spaulding & Thomas was immediately dissolved.

Six months later found me a student in the Syracuse Medical College, from which I graduated in March, 1854, at the end of the second course of lectures. There were no four years' courses in those days, and no seven months' terms. Not a medical college in the country at this time required more than two courses of four or five months each.

Just here a little explanation becomes necessary; you have read in the circular sent out, that immediately after graduating, I came to Philadelphia and commenced lecturing on anatomy, and such was the facts of the case, and this was the way it came about.

The students of the college, like those of our own, had an organization by which different members of the class were appointed to quiz upon the

several branches. Anatomy fell to my lot. The subject of the liver was one day up for consideration; I was provided with ample means for illustration; and being, as I felt, thoroughly prepared on the subject, I spent the hour more in a demonstration than in a quiz. While in the midst of my subject, who should enter the room, but Prof. Newton, of the chair of pathology and practice, for his 2 o'clock lecture. He took a seat and became an attentive listener; I continued with my demonstration under some embarrassment, and concluded just at the tap of the bell.

As the professor passed me in coming forward to the lecture stand, he said "Thomas, I wish you would call at my house this evening. I would like to see you." I was struck with astonishment! What could he want to see me for; evidently he had detected some error in my demonstration, and preferred to correct me privately than publicly. I got but little benefit from his lecture or others which followed. My mind was busy trying to discover where my blunder had been. The day finally passed and eight o'clock in the evening found me in an expectant state of mind at the professor's door. The doctor received me pleasantly, and after a little conversation, said: "Thomas, you expect to graduate at the end of the course, have you any plans for the future?" "Yes, I had in view a small village in the western part of the State, where I hoped to settle and build up practice." The picture of the country doctor in the white cottage with green blinds was still in my mind.

"But," says the doctor, "don't you think you could find a wider and more useful field in some of the cities or larger towns?"

I did not know about that; and expressed my satisfaction with my present plan.

"Have you never thought you would like to teach some branch of medicine?" inquired the doctor.

"That was something I had never thought of, and felt such a position quite beyond my reach."

"I listened to-day," said the doctor, "with interest to your demonstration of the liver, and it struck me that you had the faculty of making a difficult subject clear and plain, and that you would succeed as a teacher of anatomy, at least."

Our conversation ended in the Professor advising me not to be satisfied with my then present plans, but endeavor to take an additional course in

New York or Philadelphia, and prepare myself for whatever might offer.

I left the Professor's office with a lighter heart; my favorite picture of a white cottage and green blinds, with a practice in the country, had wonderfully faded. But how was so high a mark as the Professor had set me, and one so very, very far away, ever to be reached?

But a few days subsequent to this, I had occasion to call at the office of another member of the faculty. I took a seat in his waiting room, as he was busy in his private office. I carelessly picked up from his table a pamphlet. It proved to be an announcement for the spring course of the Penn Medical College of Philadelphia. I immediately became interested. In looking over the list of the faculty I noticed that the position of Demonstrator of Anatomy was vacant. Here was an opportunity, and it must not be lost, I must apply for the situation at once. I consulted with Professor Newton, and he approved of my plan. Could I secure this position, it would give me the desired opportunity for continuing my studies, while the emoluments of the position might be sufficient for meeting my expenses, which was an important consideration.

I secured the recommendation of several members of the faculty, made my application, and in a few days received news of my appointment.

Upon my arrival in Philadelphia, I learned that the Professor of Anatomy, Dr. Hershka, of Brooklyn, was ill, and would not be able to assume the duties of his position for a short time. A couple of weeks passed, and he was no better. It was now suggested that I should give the course on Osteology. With some hesitation, I consented. I well remember with what feelings I appeared before the class for the first time. My entrance to the lecture room was without the usual professor's applause. I well knew that I was on trial, and that a verdict of approval or disapproval would follow the close of the lecture. The verdict came in a good round of applause, and from that day I never failed to receive a similar recognition.

The course on Osteology was completed, and the health of Professor Hershka was in a still less favorable condition. I was invited to complete the course on Anatomy, and did so, and at its close received the appointment of adjunct professor of Anatomy.

At the opening of the fall course of 1854, the condition of Prof. Hershka was such as to give no hope of his

assuming the duties of his position. I gave the introductory lecture, and again gave the course on Anatomy. Before its close Prof. Hershka died, and I received the full professorship. Through the force of circumstances, therefore, more than from any special qualifications, I commenced teaching anatomy the year of my graduation, and have so continued since.

Gentlemen, of the class of '94, if there is any lesson to be learned by the recital to which you have listened, it might be put into these words: Let your aim be high; whatever your hands find to do, do it with your might; seek for opportunities, and as you find them make the most of them. Success surely awaits him who has thoroughly prepared himself for it, and who avails himself of every opportunity as it arises.

But I am detaining you too long. In closing, let me thank you for the many expressions of good will I have received from you; and may success and happiness crown your efforts. To my colleagues and friends in the profession, and others, I must express my appreciation of the great honor done me this day. While I live, the occasion shall remain as a bright spot in my life, the lustre of which can never be dimmed. May you all experience heaven's richest blessings, and may our beloved Alma Mater rise in usefulness and glory, until her light shall illumine the most distant lands.

The Hon. Boies Penrose of Philadelphia was the next speaker. He recalled many pleasant incidents of the homœopathic campaign at Harrisburg in maintenance of our rights as citizens and for the establishment of medical liberty. All present knew of the valuable assistance of the fair-minded Senator, and he was warmly applauded in stating that Pennsylvania believed in equal rights for all classes. Then came the infant's speech, after the lullaby by the quartette, with its words of encouragement to Cooper. Dr. Wm. H. Cooper, of Allentown, Pa., spoke for the "Class of 1894" in a strong, manly address, winning the smiles and commendations of his elder brothers, and rousing the enthusiasm of his classmates to an intensity that relieved itself by seizing and placing upon their shoulders the speaker, shouting to their hearts' content the college cry so dear to the boys of "Old Hahnemann." It is only on such occasions that one realizes the wonderful "college spirit" and the intensity of the devotion and affection for Old Hahnemann by her "sons." The

toast, "The American Institute of Homœopathy" was ably handled by its president, Dr. J. H. McClelland, '67, Pittsburgh, Pa. He clearly demonstrated the reason why the class of '94 should follow in the footsteps of its elder brothers and join the Institute as a class in June next. Dr. McClelland's effort was greatly appreciated.

"Medical Journalism" called from Dr. Charles E. Fisher, of Chicago, the able and accomplished editor of the *Medical Century*, a speech of remarkable brilliancy and effectiveness. The recital of his early struggles in journalism and practice awakened a lively interest, and showed the class of '94 what hustling can accomplish. Towards the close of his speech the speaker gracefully poured a broadside into his auditors, complimentary to the splendid achievements of "Old Hahnemann." Round after round of applause greeted him, and above the din came the old familiar "Rah! rah! rah!" with a "Fisher" attachment. It was an ovation a man might well be proud of.

The last toast, "Our Sister Alumni Associations," was most acceptably responded to by the genial and successful editor of the *North American Journal of Homœopathy*. Handling his subject in a quiet, scholarly manner, he suddenly lapsed into reminiscence of the previous twenty-four hours, causing the presidential occupant and a Western editor to become intensely appreciative listeners, deeply absorbed in what might possibly be said next. Resolving itself simply into a question of beauty, the class of '94, conscious of its personal merit, was wildly sympathetic. The speaker, breathing the spirit of good-fellowship, brought words of good-will and congratulation from old Manhattan friends, and "Old Hahnemann" united in pledging helpful comradeship. The early hours of morning were beginning to grow when the parting came with auld lang syne.

The guests of the evening were Judge Wm. B. Hanna, D.C.L., Geo. C. Thomas, Hon. Boies Penrose, Rev. Dr. James S. Stone, of Philadelphia; Dr. Charles E. Fisher, Chicago, editor *Medical Century*; Dr. Eugene H. Porter, New York City, editor *North American Journal of Homœopathy*; M. W. Van Denburg, A.M., M.D., Fort Edward, N. Y.; J. B. Gregg Custis, M.D., Washington City, D. C.

Among the prominent alumni present were the following: Drs. I. T. Talbot, Boston, Mass.; Tullio de Suzara Verdi, '56; Wm. R. King, '81;

L. B. Swormstedt, '77; T. L. Macdonald, '88; Z. F. Babbett, '90; L. D. Wilson, '91, Washington, D. C.; J. H. McClelland, '67, Pittsburgh; J. Ross, '72, Binghamton, N. Y.; L. H. Willard, '66, Allegheny; E. E. Snyder, Swartz, '79, Harrisburg; F. E. Williams, '79, Haddonfield, N. J.; C. G. Abbott, '79, Woodbury, N. J.; A. W. Baily, '86; John S. Fleming, '82; M. S. Munson, '90, Atlantic City; Thomas Reading, '88, Hathoro, Pa.; L. A. Kittinger, '81, Wilmington, Del.; Trimble Pratt, '70, Media, Pa.; James Hoffman, '85, Jersey City, N. J.; A. R. Thomas, '84 (Hon.); Pemberton Dudley, '61; B. F. Betts, '68; Silas Griffith, '66; C. S. Middleton, '62; W. H. H. Neville, '65; William H. Keim, '71; Charles M. Thomas, '71; Wm. H. Bigler, '71; C. Mohr, '75; Clarence Bartlett, '79; W. C. Goodno, '70; M. S. Williamson, '72; George W. Smith, '76; J. H. Hamer, '75; J. R. Mansfield, '79; J. Herbert Reading, '78; J. P. Birch, '70; Chas. M. Brooks, '78; T. L. Bradford, '69; C. W. Karsner, '74; I. G. Smedley, '80; Wm. B. Van Lempe, '80; Wm. Van Baun, '80; J. Nicholas Mitchell, '73; Edward M. Gramm, '80; Oliver S. Haines, '82; Louis P. Posey, '81; L. B. Griffith, '80; Edw. W. Mercer, '84; L. Willard Reading, '80; Geo. W. Titman, '83; James H. Closson, '86; D. W. Shoemaker, '81; John E. James, '86 (Hon.); T. H. Carmichael, '86; W. G. Steele, '86; Edward R. Snader, '84; Harry H. Mansfield, '85; Irwin B. Gilbert, '82; Halton I. Jessup, '84; I. G. Shallcross, '87; F. Buchanan, '79; T. Hart Smith, '66; Theo. J. Gramm, '81; H. G. Griffith, '76; E. S. Harrington, '85; Carl V. Vischer, '87; Willis H. Middleton, '82; L. W. Thompson, '87; Theodore Gittens, '89; Walter Strong, '89; Robert S. Summers, '89; C. A. Reger, '86; Charles E. Myers, '89; Edward Humphreys, '81; John D. Boileau, '87; Edmund H. Kase, '88; Wm. Spencer, '87; Biddle R. Marsden, '85; Herbert L. Northrop, '89; E. E. Sharpless, '80; W. W. Trinkle, '88; N. W. Fryer, '89; C. F. Cullen, '90; Perry Hall Dudley, '90; John D. Ward, '87; E. W. Jones, '90; Percy H. Ealer, '90; Geo. P. Stubbs, '90; O. H. Paxson, '90; N. T. Lane, '91; John McE. Ward, '91; James C. Strick, '91; Theo. L. Chase, '91; P. Sharpless Hall, '91; Edward C. Thomas, '92; W. R. Gieser, '92; J. Allen Harrison, '92; H. S. Weaver, '92; J. W. Hassler, '92; J. Lewis

Van Tine, '93; A. W. Stewart, '93; W. T. Graham, '93; G. Conner Wilson, '93; John N. Schall, '93; A. J. Kurtz, '93; Charles H. Harvey, '93, Philadelphia; M. Hughes, '84, Kennett Square, Pa.; W. E. Powell, '79, Bryn Mawr, Pa.; A. C. Heritage, '84, Jenkintown, Pa.; W. C. Seitz, '88, Glen Rock, Pa.; John J. Tuller, '92, Vineland, N. J.; F. W. Seidel, '85, Stony Run, Pa.; George B. Wix, '90, Williamsport, Pa.; C. E. Hewitt, '93, Minton, Ct.; Geo. B. Moreland, '93, Pittsburgh; Charles R. Palmer, '93, West Chester, Pa.; Ehner E. Fuller, '93, Plymouth, Mass.

AMERICAN INSTITUTE OF HOMŒOPATHY—OFFICIAL ANNOUNCEMENT OF COMMITTEE ON TRANSPORTATION.—The transportation committee of the American Institute of Homœopathy takes pleasure in announcing that it has made unusually satisfactory arrangements with the railroads, whereby members attending the Denver meeting, June 14–22, can reach that city and enjoy a vacation in the Rocky Mountains at a minimum of expense, and with unusual pleasure and comfort.

From the Atlantic seaboard the trunk line associations tender the usual fare and a third for the round trip to the eastern termini of the Western Passenger Association's territory, St. Louis and Chicago. This may yet be reduced to one fare.

From Chicago and St. Louis the committee has contracted with the Chicago and Alton-Union Pacific combination to take us to Denver in an "American Institute of Homœopathy Special," composed of the finest passenger-car and sleeping-car service running out of those cities. This line, the best leading from Chicago and St. Louis to Denver, and the most direct from those cities, has made for the occasion a thirty-day ticket, that we may have the pleasure of a summer vacation in the Rocky Mountains, and a one-fare rate for the round trip. They further give to all who hold tickets over this official line a complimentary excursion to Silver Plume Mountain and return, compassing the world-famed Georgetown Loop, and their experienced agents will attend to all the railway business of the Convention, thus avoiding the dissatisfaction and annoyance incident to the management of railway matters by this committee, wholly inexperienced in the complications belonging to the passenger department of railway de-

tails. The Official Line also saves the Institute several hundred dollars by printing at its own expense the very handsome official circular of this committee, of which ten thousand copies are being sent to physicians whose names have been furnished by us.

In consideration of these facts, it is the desire of your committee that all who contemplate attendance upon the Denver convention shall reciprocate the courtesies extended the Institute by patronizing the line selected, by journeying in a solid railway caravan "Across the Plains." The itinerary embraces a start from Chicago on the evening of June 12th, Tuesday, at six o'clock, in a magnificent "American Institute of Homœopathy Special." This train will arrive at Kansas City Wednesday morning, and will there be joined by the delegations who find it more convenient to go via St. Louis. The start from that city will also be made on Tuesday evening, at 8.40 P.M. The parties will unite at Kansas City on the morning of Wednesday, and will journey together through Kansas by daylight, arriving at Denver on the morning of Thursday, June 14th. The railway service is to be of the very best in every particular, and special dining cars are to be run for the convenience of the tourists, thus avoiding the necessity of making stops for meals. Special fast time will be made, our train stopping only at leading points along the line. The itinerary takes us through the most delightful part of Kansas, and early in the afternoon the climb on the high prairies of the Western part of the State begins.

Since the announcement of a one-fare rate by the Alton and Union Pacific, other lines leading to Denver have fallen into line, so that members living along them all will have the benefit of the reduced fare. But the line selected has made the rate for us, gives us the very best that is to be had in the way of train service, accommodations, time, and side trips in the Rockies, and the pleasure of journeying in a family caravan, making the trip a fraternal one. These inducements should result in its selection by all who contemplate attendance upon the convention.

A special party is forming in New York, under the management of Dr. A. B. Norton, 16 West 45th street, to travel over the Pennsylvania line to St. Louis, there to take the Chicago and Alton, journeying thence to Kansas City, where it will join the Official train from Chicago on the morning of

Wednesday. Another party under the management of Dr. W. A. Dewey, 170 West 54th street, New York, is forming to journey from the northern part of that State and New England via the Michigan Central to Chicago, here to join the Official train on the evening of Tuesday, June 12th. Applications for sleeping car accommodations in these parties should be made early, to Dr. Norton or Dr. Dewey.

At Philadelphia, Dr. W. W. Van Bunn, 419 Pine street, representing the committee as its member for that city, will receive applications for sleeping-car accommodations over any of the lines leading to Chicago and St. Louis; and at Pittsburgh, Dr. L. H. Willard, Allegheny, member of the committee for those cities, will perform like service for members applying to him. At Denver, Dr. J. M. Walker, of the committee, will serve members living in the West; and at San Francisco, Dr. George H. Martin, will perform like service for the Pacific coast. Applications for accommodations from Chicago or St. Louis should be made to the undersigned at 31 Washington street, Chicago.

In Colorado, a number of excursions are in contemplation. The Colorado and Utah lines all tender a one-fare rate and fifteen-day ticket, with stop-over privileges in each direction; and the Yellowstone Park tickets, on sale at Denver during the summer, give all who wish it a chance to visit that delightful spot at reasonable cost. For those who contemplate a visit to the Pacific coast, nothing better can be had than the regular mid-winter Fair ticket, on sale everywhere. In purchasing these, members should see to it that their tickets read via "Chicago and Alton and Union Pacific," from St. Louis or Chicago, in order to have the pleasure of travelling with their fellow-members, and of enjoying the side-trips of the Official line.

From Omaha, members living in Minnesota, Iowa, Nebraska, and adjoining States will find the one-fare rate of the Union Pacific to Denver advantageous, and only holders of tickets over that line will be tendered the pleasures of the complimentary side-trips of the "Official Route."

C. E. FISHER, M.D.,

Chairman Transportation Com.

31 Washington Street, Chicago.

THE MEISSEN.—For several years the ladies accompanying their husbands or relatives, have felt a difficulty in breaking over conventional barriers

and in meeting in cordial social relations during the sessions of the Institute.

This defect has been, it is hoped, overcome by the formal organization, last year, at Chicago, of *The Meissen*, the purpose of this association being that of affording the ladies in attendance at the meetings frequent opportunities for becoming acquainted with one another, and for arranging such plans as may be mutually agreeable for contributing to the enjoyment of the occasion.

An efficient and enthusiastic local committee of ladies residing at Denver, acting in co-operation with the entertainment committee of the Institute, have made special arrangements for carrying out the purposes and objects of the association.

It is hoped that through the organization of the Meissen, larger numbers of the wives and daughters of members will be induced to test the value of this experiment by their presence at the Denver meeting.

MRS. C. S. HOAG,
Bridgeport, Conn. Cor. Sec.
April 20, 1894.

NATIONAL ASSOCIATION OF HOMŒOPATHIC MEDICAL EXAMINERS.—The fourth annual meeting of this association will be held at Denver, beginning June 15th, in conjunction with the meeting of the American Institute of Homœopathy.

The objects of the association, as stated in the by-laws, are that of "providing opportunity for mutual conference and the interchange of views and the results of experience, in order to promote, as far as may be practicable, the general adoption by the several States, of the best and most effective methods for securing higher and more nearly uniform standards of medical learning."

"Members and ex-members of State, county, or district medical examining boards, are eligible to membership in the association."

It is proposed to hold at least two or three meetings during the week beginning June 15th, notice of the time and place to be publicly announced.

A circular, recently issued by the Old School National Conference of Medical Examining and Licensing Boards, contains the following list of subjects for consideration and discussion at the meeting of the Conference, to be held at San Francisco in June.

"How long has your board been organized under your law?

"During that period how many candidates have been examined, and what percentage of those examined have passed and received a license to practice?"

"How is your board constituted with reference to the various 'schools of practice'?"

"Do you favor the plan of mixed (*single*), or three *separate* boards?"

"How many members should constitute a State board, and what is the desirable appointing power?"

"Should teachers in medical schools be eligible to membership in State examining boards?"

"Does your board look with favor upon the plan of interchange of certificates between State boards?"

"What, in your opinion, are the leading defects in your law and in the laws of the various States?"

"What should constitute a 'medical college in good standing,' with reference to the number of years of study required and curriculum, for the purposes of registration?"

"Upon what points in your medical practice act, if any, have you had litigation in the courts, and what has been the result of such litigation?"

"How many practitioners are there in your State (number in each school of practice, if convenient: number of army and navy surgeons and surgeons of the Marine Hospital service), and how many are practicing illegally?"

Inasmuch as the foregoing queries relate to points that are of equal interest to representatives of both schools of practice, it is very desirable that homœopathic members of examining boards should go to the Denver meeting prepared to present a written statement covering the points previously suggested, and also be prepared to present a report from each State, such report to embody

A copy of the law under which the State board is organized.

A list of the names and addresses of the homœopathic members of such board, with the date of appointment and duration of the term of service.

The number of candidates examined by such State board, number approved and number rejected.

The standard showing the percentage of requirements.

Also any other items of information germane to the subject.

It is also particularly desirable that the members of *single* State Examining boards, those having *minority* homœopathic representation, should freely present the results of practical

experience as to whether the influence of these *single* boards has promoted the development and elevated the standing of the homœopathic school, or has been in any way derogatory thereto.

The direct result of establishing State examinations doubtless will be a *reduction in point of numbers* of legal practitioners; in fact, by the elevation of required standards this result is desired and expected. The point for homœopathic members of *single* boards to determine, however, is whether the *ratio* of reduction affects the representatives of both schools *equally*, whether the examinations, as conducted under old-school *majority* supervision, are reasonably *impartial*; in other words, whether the trials thus far show that homœopathic graduates are in any manner placed at a *disadvantage on account of such graduation*.

All members and ex-members of State examining boards are cordially invited and earnestly requested to attend the meeting at Denver, present papers for discussion and assist in making the association potentially useful in promoting the work of securing the general adoption of higher educational standards.

Meetings of the Association will probably be held at 11 o'clock in the forenoon of Friday, Monday and Wednesday, June 15th, 18th and 20th.

A. S. COUCH, *President*.

H. M. PAINE, *Secretary*.

Albany, N. Y., April 20, 1894.

THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.—The thirtieth annual session of the Homœopathic Medical Society of Ohio was held at Toledo, beginning with Tuesday, May 8th, and continued two days. The meetings were called to order promptly by the president, and with a few exceptions the sessions were about as formerly, neither better nor, if at all, worse. The discussion of the Musgrove bill, as now before the Ohio Legislature, and the President's address, consumed the first half day, though the Bureau of Clinical Medicine read one of its papers by Dr. T. G. Barnhill, of Findlay, in which the doctor detailed how, while travelling in a railway train, he, with others, were much interested in keeping an apparently refractory child quiet. Presently it developed colic. The doctor heard the mother tell some of the many sympathizers and givers of advice what to do, that that morning, in driving to the station, they had come in a heady wind, and that it was

her belief that the child had taken cold. Dr. Barnhill at last took one of his business cards, wrote on it, "Give the child a teaspoonful of cold water," and sent it to the mother. The prescription quieted the child.

DR. BECKWITH was moved to relate a case somewhat similar, though his baby was ten times worse than Dr. Barnhill's. He had adopted the same tactics, wrote his name, etc., and handed it to the mother. She looked about and said: "No, I have lost three chil'ren through your class; you shan't have a chance at this one."

DR. WALTON did not see the applicability of the homœopathic principle in the case of Dr. Barnhill's at all. If the doctor had given the baby a dose of cold air, or had put a cold sound down its throat, or a cold pack to its lungs, or dilated its rectum with a cold speculum or anything else that partook of the cold order, then there might have been some plea of like curing like.

After the noon-day recess, Dr. Goodwin, of Toledo, delivered the "Address of Welcome," which was responded to by Dr. C. E. Walton, who referred to the annual meetings of the State Society as clearing houses which facilitate the exchange of medical ideas. They tend to put value to our work. The man who never writes a check may have plenty of cash, but it takes a long while for him to establish himself in anything in any community; his commercial value is never high. Hence we say to the men and women who live in the State to pass in their checks annually, or stay at home and die and cheat the undertaker.

DR. BAXTER stated that his bureau members had not yet arrived, and he had no papers to hand in at this time, and requested that the Bureau of *Materia Medica* be passed for the present.

DR. T. T. CHURCH read a paper entitled "A Case of Neuralgia," and was followed by Dr. Hershberger, of Lancaster, with a paper on "Value of Local Treatment in Diphtheria," in which he recommended the use of *calcareo chlorinata*; and in general the essayist recommended the use locally of a spray composed of the same medicine as that taken internally.

DR. GANN, of Wooster, said he had his best results from a spray or gargle composed of chloride of potassium, a drachm to eight ounces of water. Since his use of this preparation, which he found described in an early issue of the *American Observer*, he had not been disappointed, had given trial to

the sublimed sulphur. We may not always be able to strike the exact simillimum and when he believed that his patient's life could be saved by resorting to the officinal preparations of the old school he would not hesitate to use them. Success is above creed.

DR. BAXTER called attention to the fact that the essayist spoke of chloride of lime while the last speaker was referring to chloride of potassium. Dr. Baxter has made use of the chloride of lime in his earlier cases of diphtheria and with success.

DR. WALTON averred that it was the chlorine in all these and other preparations that made the value in diphtheria. The allopaths use tincture of the chloride of iron. Dr. Hershberger uses the chloride of lime; Dr. Gann uses the chloride of potassium and a chloride of mercury has also been used with success; what then is the inference to be derived from the use of these various combinations of drugs, iron alone will not do it; potash alone will not do it; mercury alone will not do it; lime alone will not do it, it means simply that it is chlorine that does the work, and that if we had some way of modifying the poisonous chlorine gas so as to apply it to our throat diseases we would have the same benefit that now we derive but only in part through the chlorine combinations. The use of crude petroleum is reputed of value in this disease. This comes from Russian sources: not the refined oil in use in this country but the crude common lubricating oil put on a swab. The taste is not bad, though when it is remembered that the diphtheritic tongue and throat are not very sensitive to taste or smell, its use is not very much to condemn, and it is highly recommended.

DR. FERRIS said that there is no specific for diphtheria, and any hunt in that direction will be met by defeat. Each case must be taken by itself and studied and treated by itself.

DR. T. T. CHURCH liked to have his patients constantly breathing a medicated atmosphere of one ounce of carbolic acid, one ounce of oil of eucalyptus and ten parts of spirits of turpentine. Of this mixture take a teaspoonful to a quart of water and keep it constantly simmering in the room. It is true that the action of the turpentine upon the kidneys will sometimes have a bad effect but that might be regulated with proper caution.

DR. MORRELL spoke of the use of bromo-chloralium.

DR. HERSHBERGER in answer to Dr. Beckwith's question stated that he believed diphtheria was a fibrinous exudate and that germs had nothing to do with it.

DR. BECKWITH makes an application of sulphur two or three times daily.

DR. THOMPSON was an advocate of the use of permanganate of potassium using one grain to the pint of water.

DR. HASTINGS made use of trypsin.

DR. LAURA BRICKLEY, Chairman, called the Bureau of Pædiatrics and introduced Dr. Frank Kraft as the first essayist who read a paper on "Grandmotherly Interference." In this paper Dr. Kraft spoke for some moments of the male grandmothers who tended to make the world uninhabitable by their meddlesomeness; then he detailed two cases of female grandmothers who had interfered with his work in the obstetric room opposing him at every point from the washing of the baby the first time to the weaning.

DR. BECKWITH followed with "How to Improve the Children of the Future." In this paper the doctor briefly reviewed the current ideas concerning the value of proper ante-natal influences pointing wherein he approved, and again where he thought the theorists were too strong. He said I firmly believe that one great reason why men of great literary attainments have children so far inferior to themselves is because the wives of these men have not kept pace with them intellectually. The life of a society woman cannot develop her higher nature; it simply dwarfs it. Hence she gives birth to children who inherit no motive power that tend to stimulate their brains into development. Future mothers should realize this fact that upon the improvement of their higher faculties rests the future mental conditions of their children.

DR. FLOOR WADDELL read: "The Water we Drink."

DR. BRICKLEY read her own paper on "Some Dont's for Babies."

DR. HOUSE said that from a medical standpoint kissing is a mistake, but he believed that it had its redeeming features. Promiscuous kissing of babies was indeed very reprehensible.

DR. MEANS was not very well satisfied with the papers of this bureau; he acknowledged their merit as literary productions; but they had not imparted any information to him. He wished that more instruction could be combined with the classical features.

DR. WALTON contended that some-

thing could be learned even from a paper written by Dr. Kraft or Dr. Beckwith that ought to be satisfying to the mind of Dr. Means. He thought music as a factor in the bettering of the social or obstetric condition had much to do with it; he regretted that Dr. Beckwith had not adhered to his original topic of "The Influence of Music in the Treatment of Children." He had remarked that the only offspring the Italian organ grinders usually exhibited was a miserable monkey.

The Chairman reported that she knew of some people who could not even show so much for a long married life as a miserable monkey. She believed that her bureau had done its duty, and she thanked them heartily.

DR. MAXWELL inquired whether the giving of chloroform in obstetrics had any influence in making the child refuse taking the breast. Cited an instance in which the child refused for forty-eight hours to take the breast, and he wondered whether the giving of chloroform had aught to do with it.

DR. STEWART defended the bureau from the imputation of impracticability, especially in its papers on "Pre-Natal Influences."

DR. JACOB SCHNEIDER echoed the question of Dr. Maxwell, but also added to it the question whether any member of the society had ever had a child that refused the breast when the mother had not had any chloroform.

DR. RHONEHOUSE reported such an instance. He said he had had more refuse the breast from the not taking of chloroform than the reverse.

DR. THOMPSON had been practicing sixteen years, and had never used chloroform in obstetrics. Has never had a child refuse the breast except for a few minutes at a time. Children sometimes refuse to nurse because they are not allowed to nurse when the impulse comes to them.

DR. J. C. WOOD said that his answer to the doctor who had been practicing medicine for sixteen years, and had never yet used chloroform in obstetrics, would be that he ought to have had at least two babies himself, or perhaps one would be enough to convince him of the value of ameliorating the sufferings of the parturient woman. He always felt like rising to the defence of the use of chloroform in obstetrics.

DR. MORRELL was another practitioner, of twenty-five years, who confessed to the non-use of chloroform in child-bed cases.

DR. WOOD, in answer to a question by Dr. Barnhill, stated there was no difference, so far as he had been able to observe, in the way in which the same woman takes chloroform in different labors.

(Continued next month.)

NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY.—The fortieth annual meeting of the New Jersey State Homœopathic Medical Society was held in the Supreme Court room, Trenton, on Tuesday, May 1st.

The morning session began at 10.30, with President A. W. Baily, M.D., in the chair.

The Society listened to reports of officers and committees and transacted routine business until 12 o'clock, when the president delivered the annual address, the subject being "The Relation of Pathology to the Homœopathic Prescription."

The speaker insisted that while knowledge of pathology is necessary to the physician in order to diagnosis and prognosis, it is *imperative* in selecting the remedy, as only that remedy can be the *similimum* whose pathogenesis includes the pathologic changes as well as the symptomatology of the patient.

The address was logical and scholarly and was ordered published in the *Transactions*.

"Eczema of the Face and Scalp," was the title of a paper prepared by the late Dr. J. R. Hoffman, of Morristown, whose sudden and untimely demise was recalled with sadness by the Society.

The case, an aggravated one, was cured by psor., mezer., graph. and sul. internally, as indicated, and cod liver oil and calendula cerate externally.

Dr. C. B. Holmes, of Rahway, read an instructive paper on "Water as Related to the Public Health."

In the discussion, Drs. Hubbard and Calver insisted on the great importance of sanitary science and urged that more attention be given the subject by societies and physicians. Dr. Currie, of Beverly, chairman of the local Board of Health, gave his experience with impure water in his town. The water company was ordered to clean the stand-pipe, when several cartloads of mud were found, in which dead cats and decaying fish were quite thoroughly incorporated.

Dr. G. W. Woodward, of Camden, read a most interesting clinical paper

on "Osteo-Myelitis," detailing the history and treatment of the cases.

One case was presented to the Society in person. Extensive necrosis of the humerus had occurred, and after removal of the sequestrum the wound had been packed with decalcified bone chips after the manner of Semm. of Chicago.

Although a post-operative temperature of 105° developed, the patient rapidly recovered and presented himself with a useful arm.

Dr. W. A. Seibert, of Easton, Pa., next read a paper on "Primary Materia Medica," which was greatly appreciated by the Society.

The doctor suggested as foundation work the name, common and botanical, of the drug, pronunciation, natural history, records of poisoning, physiological uses, with dosage of drug and its alkaloids. Then would follow symptomatology and homœopathic application.

In discussing the paper, Dr. Howard was gratified that papers of this kind were appearing in our journals and before our societies.

When he graduated from Hahnemann Medical College, Philadelphia, in '77, he had been taught symptomatology only, and when in practice but a short time he realized the deficiency of his drug knowledge. Now he was happy to say the college referred to gives a thorough course of instruction in toxicology and the physiological uses of drugs.

Dr. Long deals only with the pure homœopathic materia medica, and regards all other drug knowledge as immaterial.

At this point, Drs. E. H. Porter and G. W. Roberts, of New York, were extended the courtesies of the floor, and Dr. Porter made some remarks on the subject under discussion.

Adjourned for dinner.

The first paper of the afternoon session was on "Glandular Enlargements of Children; their Origin, Cause and Treatment," by Drs. Wallace McGeorge, of Camden, and Bernard Clausen, of Hoboken.

Dr. E. M. Howard, of Camden, read a paper on "Repair of the Perinæum."

In discussing the paper, Dr. Roberts said he could not see the advantage of flap-splitting after Tait's method. Emmett's operation removes tissue, it is true, but only scar tissue, and of no use.

Tait's operation is done more quickly, but possesses no other advantages.

Dr. Howard, in closing the discussion, said that all operations leave the perinæum more or less elongated, and do not fully restore the depression which naturally exists between the anus and the outlet of the vagina. He favors the Tait operation, first, because it saves all tissue. Scar tissue is of some value, and nothing is gained by its removal unless nerve filaments are entangled; second, the operation is quickly done, and no discharges can infect the line of union.

A feature of the afternoon session was the paper on "Heart Disease in Children," by Dr. W. W. Van Baun, of Philadelphia.

The essayist brought out in a way very helpful to the general practitioner the nice points in the diagnosis and treatment of these difficult cases.

Dr. E. H. Porter endorsed the positions taken by Dr. Van Baun, and emphasized them from the results of his own experience.

The following officers were elected for the current year:

President, G. T. Applegate, M.D., New Brunswick; First Vice-President, G. W. Woodward, M.D., Camden; Second Vice-President, J. P. Johnson, M.D., Hightstown; Third Vice-President, C. Herbert Church, M.D., Passaic; Recording Secretary, F. P. McKinstry, M.D., Washington; Corresponding Secretary, Wallace McGeorge, M.D., Camden; Treasurer, J. J. Currie, M.D., Beverly; Board of Censors, E. M. Howard, M.D., Camden; Samuel Long, M.D., New Brunswick; Annie E. Griffith, M.D., Camden; C. H. Hubbard, M.D., Millville; A. Ubelacker, M.D., Morristown.

The Society adjourned to meet at Newark on the first Tuesday in October, 1894.

F. P. MCKINSTRY, M.D.,
Secretary.

PERSONALS.—Dr. Weston D. Bayley announces his removal to 408 S. Broad Street, Philadelphia. Diseases of the nervous system.

A Senior Medical Student wants indexing, copying or translating work for the summer. Address **HAHNEMANNIAN MONTHLY**, 419 Pine St., Philadelphia.

Theo. Englebach the popular homœopathic pharmacist of New Orleans, La., graduated from the Tulane University, on Wednesday, April 18, 1894, taking the Degrees of Doctor of Pharmacy and Doctor of Medicine. Dr. Englebach stood with the half a dozen "honor" men of a class of over one hundred.

THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

JULY, 1894.

CONTENTS:

	PAGE
A Repertory of the Homœopathic Materia Medica—Haywood.....	97
Condensed Concordance of the Homœopathic Materia Medica—Malcolm.	
Transactions of the World's Congress of Homœopathic Physicians and Surgeons. Transactions of the Forty-sixth Session of the American Institute of Homœopathy. The Truth About Homœopathy. Innere Heilkunst bei Sogenannten Chirurgischen Krankheiten—Schlegel.....	98
New Aid Series of Manuals—Saunders. Gonorrhœa—Finger.....	99
Essentials of Pharmacy—Sayre. Essentials of Anatomy—Nancrede. Manual of Nursing in Pelvic Surgery—McMurtry. Pamphlets.....	100
Hahnemann Medical College, Philadelphia, Commencement. Homœopathic Medical Society of the State of Ohio.....	101
Northern Indiana and Southern Michigan Homœopathic Medical Association...	105
Washington, D.C., Homœopathic Medical Society. Missouri Institute of Homœopathy	106
West Jersey Homœopathic Medical Society.....	108
Letter—Dr. Terry.....	109
Wisconsin Homœopathic Medical Society.....	110
Western Hahnemannian Club. Southern Homœopathic Medical College—Commencement. Homœopathic Medical Society of the State of Connecticut.	
New York Homœopathic Medical College—Commencement. Malted Milk Co.,	111
Indiana Institute of Homœopathy. Homœopathic Medical Society of the State of Michigan. Married. Personal.....	112

A REPERTORY; OR, SYSTEMATIC ARRANGEMENT AND ANALYSIS OF THE HOMŒOPATHIC MATERIA MEDICA.—Chapter V.: Ears. Second edition. By John W. Haywood, M.D. Price, 8 shillings. Hahnemann Publishing Society, Birkenhead, Cheshire. 1894. This is a revision of chapter "Ears," in the *British Repertory*, being an index to the symptoms in the *Cyclopædia of Drug Pathogenesis*, to those in Hahnemann's *Materia Medica Pura*, and to those in Hahnemann's *Chronic Diseases*. It is claimed to be up to date and tolerably complete, and assurance is given that it may be relied upon as referring to all the trustworthy symptoms hitherto collected. "The symptoms of the *Cyclopædia*, *Materia Medica Pura*, and *Chronic Diseases* are distinguished,

and their locality in the originals referred to for reference. This repertory differs from others in exhibiting each symptom *complete* every time it is referred to; this filling up of the symptoms being done in cipher—which is all that is done in cipher, so that it can be used without the cipher and even then is superior to all other repertories. In Sections IV. and V. all the symptoms are given *over again verbatim*; and in Section VI. all the symptoms having a definite locality are given under each locality, as well as having been already given in Section I. under their names.

Altogether this is the most perfect repertory in existence. Every one should have a copy of this repertory. On sale at all of Boericke & Tafel's pharmacies.

A CONDENSED CONCORDANCE OF THE HOMŒOPATHIC MATERIA MEDICA. By J. G. Malcolm, M.D., Hutchinson, Kan. Pp. 1000. Price, in sheep, \$8; half morocco, \$9. Published by the author, 122 La Salle St., Chicago, Ill., 1894.

The advance sheets of Dr. Malcolm's Condensed Concordance of the Homœopathic Materia Medica show well his plan of simplifying the labor of working the materia medica without destroying the value of symptoms by scattering their component part or by hampering with endless repetition of symptoms. He has divided the work into chapters, such as mind, sensorium, inner-head, etc. The symptomatology of all the remedies bearing upon the subject is given separately, the characteristic symptoms being in italics. Remedies with their characteristics are in bold face type. At the end of each chapter is given an excellent repertory, remedies with characteristic symptoms being in bold face type. An index to the repertories will be an important feature of the work. On the whole the plan is a good working one and will be valuable to all students of materia medica.

TRANSACTIONS OF THE WORLD'S CONGRESS OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.—Held under the auspices of the World's Congress Auxiliary of the World's Columbian Exposition in Chicago, Ill., May 29 to June 3, 1893. Published by the American Institute of Homœopathy, and edited by its General Secretary, Pemberton Dudley, M.D., Philadelphia: Sherman & Co., Printers. 1894.

A large octavo volume of 1109 pages, containing a wealth of information gathered from the best authorities: the value of this work can be fully appreciated by those who were privileged to attend the Congress. The reports of the "Progress of Homœopathy," which were received from Germany, Great Britain, India, Australia, and Ontario show that *similia similibus curantur* is steadily gaining ground, instead of "dying out," as the old school like to speak of it. The progress in the United States is well represented by the addresses and papers presented by each section as follows: Surgery, Ophthalmology and Otology, Gynecology, Materia Medica, Obstetrics, Clinical Medicine, Mental and Nervous Diseases, Rhinology and Laryngology, and Pædology. Of the value of individual papers, our readers have had an opportunity to judge; several having appeared in the columns of this journal.

TRANSACTIONS OF THE FORTY-SIXTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.—Held at Chicago, Ill., May 29 to June 3, 1893. Edited by Pemberton Dudley, M.D., General Secretary of the Institute. Philadelphia: Sherman & Co., Printers, 1893.

The *Transactions* comes to us this year as a small volume of 462 pages. Upon the announcement of the intention to hold a "World's Congress of Homœopathic Physicians and Surgeon," in the City of Chicago, the Institute voted to omit the usual reports and papers and limit its proceedings for the session of 1893 to routine and necessary business, and to devote the energies and influence of the organization to promote the success of the Congress, therefore this number of the *Transactions* contains no scientific addresses, papers, or discussions. There is appended a valuable list of members of the Institute since the time of its organization, compiled by Henry M. Smith, M.D., of New York. In this volume, as in others, Dr. Dudley has displayed his able and careful editorial work.

THE TRUTH ABOUT HOMŒOPATHY. By Dr. Wm. H. Holcombe. A Posthumous Manuscript. Also, a Sketch of the Life of Dr. Holcombe. Price, 25 cents. Boericke & Tafel, 1894.

The publishers' preface states that *Truth about Homœopathy* is the last literary work done by the late Dr. Holcombe. It is an able answer to the Gould-Browning hundred-dollar homœopathic-destroying boomerang. Its real usefulness is the clear, forceful exposition of the true sphere of homœopathy. Boericke & Tafel have gotten the work up in handsome style.

INNERE HEILKUNST BEI SOGENANNTEN CHIRURGISCHEN KRANKHEITEN NACH ZAHLREICHEN EIGENEN BEOBSACHTUNGEN. Von Emil Schlegel, prakt. Arzt und Augenarzt in Tuebingen, Specialist fuer innere Behandlung sogen. chirurg. Krankheiten. 157 pp. J. Kocher, publisher. Reutlingen, Germany, 1894.

This work which bears the stamp of originality and careful preparation by a man who is accustomed to think for himself, arose from the writer coming into conflict with an old school surgeon in the little German University town of Tuebingen. The question of where medical treatment should end and the surgical begin, in many cases, is an unsettled question, especially where homœopathy comes into consideration, on account of the unlimited scope of our remedies in different conditions and circumstances, many of which are

still undeveloped or unknown to us. The writer deserves thanks for having held up to us his experiences in affections where the practitioner is easily inclined to throw up the fight with internal medication and turn to surgery for assistance. In such cases it is the old, old story, and the self-same idea which old Hippocrates formulated in his aphorisms: "ars longa, vita brevis," or as Faust says, "ach Gott die Kunst ist lang und kurz ist unser Leben, etc." We know that our homœopathic *materia medica* is capable of doing much in the so-called surgical diseases, yet our pathogeneses are undeveloped in many such corresponding conditions, and but here and there gleams through the provings a ray of hope which is so easily misinterpreted, and may be but the indicator of a similar but superficial process which will-o'-the-wisp-like, leads us astray. Again, the old school doctrines and results of their study stare us in the face, the results of early operative interference with its medico-legal ornaments stand before us, and we have these conclusions to compare with the differing results obtained with homœopathic practitioners, who with imperfect indications in these very same affections now and then reap wondrous success. Hence the difficulty of drawing conclusions, and after they are drawn of what value are they in many cases? The many factors in these very cases: the potency question, the possibly faulty diagnosis, the influence of nature herself in aiding the final recovery. Yet just such careful studies of this question as the writer has given us will greatly help to elaborate this question. With one thing we cannot agree with him, and that is the use of Mattei's secret remedies. No careful physician would employ a secret preparation in his practice for reasons seen at once. Otherwise the work is full of instruction and worthy of study. Its author is one of the foremost of German homœopaths.

NEW AID SERIES OF MANUALS FOR STUDENTS AND PRACTITIONERS, As publisher of the "*Standard Series of Question Compend's*," together with an intimate relation with leading members of the medical profession, Mr. Saunders has been enabled to study, progressively, the essential *desideratum* in practical "self-helps" for students and physicians.

This study has manifested that while the published "Question Compend's" earn the highest appreciation of students, whom they serve in reviewing their studies preparatory to examina-

tion, there is special need of thoroughly reliable hand-books on the leading branches of medicine and surgery, each subject being compactly and authoritatively written, and exhaustive in detail without the introduction of cases and foreign subject-matter, which so largely expand ordinary text-books.

The *Saunders Aid Series* will not merely be condensations from present literature, but will be ably written by well-known authors and practitioners, most of them being teachers in representative American colleges. This *new series*, therefore, will form an admirable collection of advanced lectures, which will be invaluable aids to students in reading and in comprehending the contents of "recommended" works.

Each Manual, comprising about 250 pages (5½ x 8 inches), will further be distinguished by the beauty of the *new* type, by the quality of the paper and printing, by the copious use of illustrations, by the attractive binding in cloth, and by the extremely low price, which will uniformly be \$1.25 per volume.

GONORRHOEA: BEING THE TRANSLATION OF BLENNORRHOEA OF THE SEXUAL ORGANS AND ITS COMPLICATIONS. By Dr. Ernest Finger, Docent at the University of Vienna. One volume, of 330 pages, octavo, illustrated by numerous wood-engravings, and by seven chromo-lithographic plates, third revised and enlarged edition. Bound in muslin, gold lettered, \$3.00. New York: William Wood & Co. 1894.

This is a work for the general practitioner, every one comes in contact with blennorrhœa of the male urethra, and its treatment oftens proves a vexations problem, and results are frequently disappointing. A careful reading of Finger on gonorrhœa will refresh the memory and supply new ideas on the subject up to date. Finger was the first to make systematic anatomical examinations of chronic urethritis and his review of this part of the subject with the treatment is worth far more than the value of the work. In speaking on local remedies for blennorrhœa of the sexual organs, on page 105, is found: *Instrumental*.—Local applications or urethral injections have been employed in clap since the earliest times, but they were always used merely as an adjuvant to the internal and general treatment. The syringes used were similar to those now employed. Blegney (1683) portrayed one which cannot be disting-

nished from one of to-day. Hahnemann used small syphons, Weekard, etc.

ESSENTIALS OF PRACTICE OF PHARMACY. Arranged in the form of Questions and Answers. Prepared especially for Pharmaceutical Students. Second edition, revised. By Lucius E. Sayre, Ph.G. Price \$1. Philadelphia: W. B. Saunders, 1894.

Dr. Sayre's little work found a place waiting for it. It fitted well, and a new edition was demanded in short order. The text of the present edition has been fully revised and corresponds with the United States Pharmacopœia of 1890. Among the additions are to be noted, an Outline of Drug and Plant Analysis, Structural Formulae of Organic Carbon Compounds used in Medicine, Pharmaceutical Testing of Inorganic Chemicals, and Problems in Allegation and Specific Gravity.

ESSENTIAL OF ANATOMY, including the anatomy of the viscera, arranged in the form of questions and answers. Prepared especially for students of medicine. By Charles B. Nancrede, M.D. Fifth edition: 180 illustrations. Price, \$1. Philadelphia: W. B. Saunders. Saunders's Question Compend is all popular and this is one of the best. A fifth edition shows that the students of anatomy have found it of value.

A MANUAL OF NURSING IN PELVIC SURGERY. By Lewis S. McMurtry, A.M., M.D., of Louisville, Ky. Morton's Pocket Series, No. 3. Louisville: John P. Morton & Company, 1894. In preparing this little work the author's aim has been to give the details of the technique of modern pelvic and abdominal surgery which is usually omitted in text-books, special attention being given to the after-treatment of cases of abdominal section, especially those with complications. The language is simple and the ideas are clearly expressed, enabling the reader to readily grasp the ideas. Nurses and surgeons will find it useful.

PAMPHLETS RECEIVED.

HISTORY OF ANATOMY. INTRODUCTORY address delivered at the Forty-Fifth Session of the Hahnemann Medical College of Philadelphia. By A. R. Thomas, M.D., Professor of Anatomy, October 3, 1893.

WHAT IS DISEASE AND HOW IT Can be Cured. By Alcides Valdiri.

NITROUS OXIDE ANÆSTHESIA IN General Surgery. By T. L. Macdonald, M.D., Surgeon to the National

Homœopathic Hospital, Washington, D.C., Reprint from *Medical Century*, May 1, 1894.

ARE PHYSICIANS ARTISTS OR SCIENTISTS? An Address. By G. W. Bowen, M.D., President of the Northern Indiana and Southern Michigan Medical Society.

THE NEW ORLEANS SEWERAGE System commenced with Inaugural Ceremonies, Wednesday, April 18, 1894. The Old Parish Prison, An Apostrophe.

TENORRHAPHY BY MEANS OF THE Suture à Distance of Catgut, with Report of Case. By Emanuel J. Senn, M.D., Chicago.

1. **RIPENING OF IMMATURE CATARACTS BY DIRECT TRITURATION.**

2. **SUBVOLUTION—A NEW PTERYGIUM OPERATION.**

3. **THE SPECTACLE TREATMENT OF HYPERMETROPIA.** By Boerne Bettman, M.D., Chicago.

1. **THE WORKS OF JUSTINE SIEGEMUNDIN, THE MIDWIFE.**

2. **THE LIMITATIONS OF THE USE OF THE PESSARY.** By Hunter Robb, M.D., Baltimore.

1. **CHOLERA: ITS PREVENTION AND TREATMENT.**

2. **TYPHOID FEVER. TREATMENT.** By Elmer Lee, A.M., M.D., Chicago.

HOMÆOPATHIC MEDICAL DEPARTMENT, State University of Iowa. Announcement, 1894-1895.

TABULATED DIFFERENTIAL DIAGNOSIS of Nephritis. By Emmet L. Smith, M.D., Chicago, Ill. Reprint *Medical Century*, February 15, 1894.

TREATMENT OF TYPHOID FEVER. By D. D. Stewart, M.D. The Physician's Leisure Library. Price, 25 cents. Detroit: George S. Davis, 1893.

1. **LAMINECTOMY FOR TUBERCULAR SPONDYLITIS.**

2. **A FEW POINTS ON THE TREATMENT OF CARCINOMA MAMMÆ.** Six Lithotomies Performed on One Patient. Fragment of glass in cheek for thirty-two years.

3. **PYOTHORAX AND ITS TREATMENT.**

4. **ON TUBERCULAR AND SUPPURATIVE PERITONITIS.** By Carl Beck, M.D., New York City.

THE SOUVENIR PROGRAM. JUBILEE MEETING OF THE AMERICAN INSTITUTE OF HOMÆOPATHY. June 14 to 22, 1894, Denver, Colo. A handsomely illustrated program filled with pictures of Denver. Bird's-eye views, public buildings, churches, wonderful mountain scenery, school houses and last, but not least, the infant but sturdy Denver Homœopathic College in its superb five story building.

HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA. COMMENCEMENT.—The Forty-sixth Annual Commencement of the Hahnemann Medical College was held May 8th at the Academy of Music, the degrees of Doctors of Medicine and Doctor of Homœopathy being conferred upon 68 graduates.

Judge Hanna, President, the trustees, faculty and alumni of the college were seated on the stage, while the graduates occupied seats in front of the orchestra. Rev. James S. Stone, D.D., of Grace Protestant Episcopal Church, opened the exercises with a prayer, and Dr. William H. Bigler, Professor of Physiology, made the valedictory address. Judge Hanna then conferred diplomas upon the following graduates:

Pennsylvania, Willis L. Barris, Frank C. Benson, Jr., George Henry Bickley, A.B.; Mahlon B. Ballard, John Strickler Behm, Daniel Bohn, George Hughes Boone, Frank Waller Brierly, B.S.; Mark H. Cornish, William D. Culin, Woodward D. Castor, William H. Cooper, A.B.; Elmer B. Cuthbert, M.D.; Edward M. Deacon, Robert G. Dock, William DeHaven Eaches, Howard A. Fehr, M.D.; David E. Fitzgerald, William B. Griggs, George Willard Gann, Raymond J. Harris, A.B.; David Gaston Harvey, James Hollowell, Frank S. Jewett, A.M.; Henry I. Klopp, George F. Lazarus, Alfred C. Mills, Albert C. Morozzi, Simon S. Mann, David LeRoy Merriman, Henry S. Neff, Abram P. Seligman, M.D.; Frank W. Seidel, Henry B. Strock, Frederick Traganza, Gustav A. Van Lennep, George Philip Weaver, Edward Reginald Walters, Frank Edgar Yerkes, Franklin S. Wilcox.

Rhode Island, William L. Edgar.

Maryland, Robert Y. Fechtig, Wm. F. Roth.

Massachusetts, William C. Farley, M.D., Arthur T. Schoonmaker.

California, Edward S. Grigsby, William M. Hillegas.

Virginia, Lemuel D. Hardy.

New Hampshire, Alpheus B. Morrill, B. S.

Maine, Carl W. Moffit, Joseph F. Norwood.

Ohio, John C. Ryder, Cyril W. Sager, M.D.

New Jersey, Walter Adelbert Corson, Alton S. Fell, Howard C. Garrison, Harry B. Justice, Emerson P. McGeorge.

New York, Horace B. Denman, George J. Ganow, Frederick M. Lawrence.

Minnesota, Frank S. Barnard, Charles J. V. Fries, Ph.G.

Delaware, George Robert Carmichael, Thos. W. Gebhart, Charles Henry Walter.

Vermont, Nathan Smilie.

At this point an interesting break in the proceedings was made by an event not down on the programme. Mr. George C. Thomas made a feeling address, in which he paid a high tribute to the worth of Dr. A. R. Thomas, who for twenty years has been Dean of Hahnemann College. The speaker announced that the Hahnemann Alumni and Dr. Thomas's friends, in recognition of his forty years' service as lecturer on anatomy, had raised the sum of \$5000 to commemorate his jubilee anniversary by endowing in perpetuity in the Hahnemann Hospital a free bed, to be named the Amos Russell Thomas bed, in his honor. Dr. Thomas, in a brief reply, even more earnest than the presentation, acknowledged the honor conferred upon him.

Benediction was pronounced by Rev. Dr. Stone, and the exercises were at an end.

HOMŒOPATHIC MEDICAL SOCIETY OF OHIO—*Continued from June.*

In the absence of both vice-presidents, Dr. Stewart moved that Dr. Gann be elected vice-president pro tem., in order to divide the duties of office with the president. So ordered, and Dr. Gann now took the chair.

In the Bureau of Anatomy, Physiology and Pathology Dr. A. C. Roll, of Toledo, read a paper on the "Thyroid Gland," and was followed by Dr. P. T. Kilgour, with a paper on "Laryngeal Tuberculosis."

A number of the members participated in the debate on these interesting papers. Dr. Stewart spoke of the value of applications of cocaine, menthol, nitrate of silver, calendula, pine-needle oil, lactic acid and a number of others which might be used in the later development of the tubercular disease when ulceration of the vocal bands and epiglottis is rapidly going on, with its accompanying horrors, and when even a limited degree of comfort would be salvation to the sufferer. It would tend to allay the extreme hyperæsthesia of the pharynx and larynx, and because these points will not permit the use of topical applications. Perhaps the greatest comfort at this time is derived from the use of cracked ice, both in the mouth and by the rubber ice-bag to the throat. Fluids should be given in semi-fluid form, as

they are less likely to enter the larynx and cause regurgitation through the nose.

DR. T. M. STEWART'S paper on "Smuffles" was debated at some length.

DR. AMES stated that he had found *nux vomica* the 3d almost a specific in smuffles.

DR. N. E. WRIGHT advocated the use of *sambucus niger*.

DR. QUAY, Chairman of the Bureau of Rhinology then presented his own paper, on "Adenoid Vegetations," after which the bureau was closed and the first day's session was adjourned.

In the evening a very pleasant reception was given to the visiting members of the State Society and their ladies, at the residence of Dr. Emma L. Boice, on Monroe and 23d streets. The house was thronged with guests, who partook of refreshments while listening to music, and afterwards indulged in the mild dissipation of lemonade, cards and some little dancing. Dr. Boice was ably assisted by Mrs. Dr. Watts, Dr. Dennison and Dr. Clarke and other ladies, wives of resident physicians. Dr. Goodwin added a charm to the evening's entertainment by bringing several of his finest microscopes and slides, with which he managed to corral a great number of the attending physicians during the evening. During the afternoon, just following the adjournment, Dr. Watts had taken the membership to the new Toledo Hospital, and exhibited the handsome apartments assigned to the Homœopathic School, both for operative purposes and treatment of disease.

SECOND DAY.

On reassembling Dr. Reed was given the floor for the purpose of explaining his labors in behalf of the legislative committee for the Society of Columbus during the past winter.

After considerable discussion in which many of the members joined, Dr. C. E. Walton proposed the following resolution: That the Homœopathic Medical Society of Ohio convene in annual session in Toledo, May 8th and 9th, favors the passage of the Musgrove bill as formulated by the convention of delegates held at Columbus, December 21, 1893.

This was supported by Dr. Baxter. This original draft which was however never submitted but was changed by interested parties and appeared in the *senatus* as a substitute measure for an equally bad bill—this original draft provided that no school should have a

majority on the board; it gave it power to revise diplomas, charging therefor \$5; it had no examination feature.

Dr. Morrel was opposed to all legislation. Let the people say what they want and not the doctors.

The Walton motion was put to vote and declared carried.

Dr. Beckwith tendered a resolution containing a vote of thanks to Dr. Reed for his services and interest at Columbus.

The Treasurer submitted his report which showed that the total

Receipts from all sources,	\$478 20
Expenditures,	443 96

Leaving a balance on hand,	34 24
----------------------------	-------

There are now 203 members in good standing.

Dr. H. F. Biggar then took charge of the Bureau of Gynæcology and called on Dr. Beebe to present his paper on "The Automatic Nervous Ganglia of the Female Pelvic Organs."

DR. J. C. WOOD said that it was a good paper for the general practitioner. Some of the statements he did not believe were final; it is almost too scientific to be discussed intelligently without more careful study and consideration.

DR. G. C. SANDERS believed that in these gangliæ, in the uterine walls, are reservoirs of the parturient forces.

DR. BIGGAR speaks of the rhythm of the organs. The author, from whom he quoted likens the menstrual epoch to a menstrual clock which was wound up for 33 years and struck once a month. Every woman has a rhythm. We should investigate the nervous system, its anatomy as well as the pathology of the female pelvic organs.

DR. WALTON relates a case of a patient who died from the effects of shock produced by the inserting of a trocar. The paper of Dr. Beebe tends to explain that shock—that is that the trocar struck a pelvic medullary and death ensued as quickly as if it had been thrust into the brain tissue.

DR. CLARKE, of Toledo, read the paper of Dr. Julia C. Jump, who was not present. It was decided inasmuch as Dr. Clarke was present and willing to read the paper, that therefore Dr. Jump was present by agent and the paper could be read. Its title was, "Some Indications of Uterine Displacement and Diseases with Hints for Non-surgical Treatment."

DR. WALTON followed with an interesting paper on "Infantile Sarcoma of the Uterus," somewhat as follows; baby of ten months of age; healthy

parents; fell from its crib in the absence of mother. No immediate consequences; presently vaginal hæmorrhage every day. Physicians found supra-pubic enlargement and rapidly advancing anæmia. Dr. Walton's examination revealed an immovable tumor the size of a goose egg occupying all the position of the uterus. Indigitation started a dark red inoffensive blood. Mother was filled with remorse for the apparent neglect of the child. The future comfort of the mother depended upon the substantiated diagnosis. If the tumor were an hæmatocele due to the fall and should the baby die never would the mother be able to dissociate her carelessness from baby's death and it would be a life-long regret. Ten days afterward we operated and found the uterus twice the size of an adult firmly anchored in the pelvic cavity by the infiltration of tubes and ligaments. Interior of uterus was found to be occupied by a sarcoma, large masses of which were easily broken down by the finger and removed from the vagina. Thirty-six hours later baby died. Case is interesting because of the unusual occurrence of a malignant disease of the uterus in a baby less than a year old. Dr. Walton operated on a case so apparently hopeless for three reasons: First, to clear up any possible doubt as to the hopelessness of the case; the modern progressive surgeon is not infallible. Second, to demonstrate to an overwrought mother her entire freedom from culpability. Third, an ante-mortem examination is sometimes more easily obtained than a post-mortem.

When Dr. Wood was called, instead of reading a paper he described by means of drawings some of the repair operations of the pelvic floor.

During the talk on this subject, the President reminded the author that his time was up and that there was a great deal of business yet for the society to do.

DR. BIGGAR objected to the constant monitions to observe the time. The Ohio Society was in session to learn something, and if it took longer than ten minutes to convey an instructive lesson to the audience, he hoped that the time would be given. Better forego the drives and rides and visitings.

DR. WOOD said that the Society is here to give time to scientific discussion rather than to the social features. Our first duty is to attend to the best interests of the society and only secondarily to accept of the hospitality of the resident physicians.

DR. BIGGAR presented his paper on "A Case. Blind Gynæcology," which in an exhaustive way took up and discussed the more salient features of ectopic gestation.

DR. J. C. SANDERS said that the Graafian follicle is the theatre in which the drama of impregnation takes place.

DR. PARMALEE relates the case of a woman of 28, the mother of three children. Began menstruating at 14 and until June of last year. After that saw nothing but began to have pain and a lump in her right side. On the 27th of September of last year she showed what she supposed was a menstrual blood lasting a day and a half, containing clots which are very unusual with her, and more pain in the right side. At that time, supposing there was a Fallopian tubal pregnancy, electricity was used for 12 or 14 sittings without being able to kill the fetus or stop its growth. She gradually grew larger and continued to have pain but no signs of any further menstrual blood or anything else until the 15th of March of the present year, precisely nine months from the date of the last menstruation, when she was so much run down, so much exhausted, that something was determined upon being done. On opening the abdomen both tubes were found to be normal but upon the right side there was a tumor projecting, enclosing within its muscular wall evidently a part of the uterine wall. We knew there was nothing inside of the uterus because the sound had been used, and then it flashed upon us that this was not a case of tubal but of interstitial pregnancy; so rapidly diating the mouth of the womb to admit my hand into the cavity, upon the right side of the womb could plainly be felt an opening or rather a membrane or something lodged in the entire opening. The fingers couldn't get through that separation; it appeared to be about half as thick as my fingers, and on taking a large plain sound and passing it up along my fingers and using a good deal of force, I was then able to break through and to extract a child and placenta. I didn't cut off the uterus; I did nothing more at that time only to take away the tubes and ovaries so that woman should never be pregnant again. On the ninth day this woman began to have a gangrenous discharge from the uterus. That was immediately washed out. On the next day that discharge was worse. So the discharge went up and went down until in time the woman made an uninterrupted recovery.

DR. PARMALEE also stated that a

careful examination failed to disclose any connection between the Fallopian tube and the interstitial pregnancy.

DR. WALTON supposed that possibly the plate in Guernsey's *Obstetrics* might explain the modus operandi of the foetus getting into the tissue.

After noonday adjournment, the Bureau of Surgery was called with Dr. J. Kent Sanders in charge.

DR. MAXWELL, of Toledo, read a paper "Cholecystomy: a Case." He said that in company with Drs. Claypool, Dennison and Watts had on December 29th, operated, making an incision four inches long, parallel to the linea alba and two inches to the right of it. Here in this woman—39 years old, married, the mother of nine children, youngest seven months old, we found 750 gall-stones. The peculiarities of the case consisting in the absence of icterus and clay-colored stools and gall-stone colic, as well as the subnormal temperature, although the gall-bladder was purulent in character at the time of the operation.

DR. T. C. MARTIN exhibited and explained some new instruments and surgical devices of his own construction, which attracted much attention and favorable comment; among these was a new way of applying plaster-of-paris dressing by means of interposed strips of brass or tin along which the line of subsequent incision could be made for removing; a pair of scissors and a dressing forceps so bent that they would not be in the line of operation, but away from the operator's hand. Also a clever device of brass or folded tin for a maxillary splint and a speculum for vaginal use, which had a number of novel and useful features.

The chairman of the bureau, Dr. J. Kent Sanders, then presented his own paper on the "Radical Cure of Inguinal Hernia," which he had substituted for his original topic of appendicitis; the latter topic he had found after fully preparing his paper, was treated of in the *New England Medical Gazette*, and very much after his own idea, so that he would not repeat that treatment, but gave his present topic instead.

DR. MEANS now called the Bureau of Obstetrics, and introduced Dr. C. A. Pauly, who presented his views on "When are we Justified in Producing Abortion?" which was a fine paper and well listened to.

At this point it was agreed to take up the election of officers and the place of the next meeting.

DR. BAXTER moved that the next session of this Society be held in Cleveland, accenting his motion with the statement that there no longer existed any feud between the Cleveland doctors; that all that had been done away with, and that the impression which was abroad that the doctors were engaged in slapping each others' faces was erroneous.

DR. BECKWITH in seconding the resolution supported the statement of Dr. Baxter, and added that now and henceforth the Cleveland doctors would again be brethren; and that if the Society would come to Cleveland next year, they would be received with open arms and made truly welcome.

Cleveland was thereupon selected for the next annual meeting place.

The election of officers resulted as follows:

Dr. R. B. House, Springfield, President; Dr. W. W. Watts, Toledo, First Vice-President; Dr. W. C. Hastings, Van Wert, Second Vice-President; Dr. T. T. Church, Salem, Treasurer; Dr. T. M. Stewart, Cincinnati, Secretary; Dr. Frank Kraft, Cleveland, Assistant Secretary; Dr. D. H. Beckwith, Cleveland, Necrologist.

The Board of Censors is as follows:

Dr. H. H. Baxter, Chairman; Dr. Martha A. Canfield, Dr. E. E. Walton, Dr. A. B. Whitehead, Dr. Laura C. Brickley, Dr. Hart, Dr. J. P. Hershberger.

On motion of Dr. Walton it was resolved that the next annual session shall be devoted to materia medica subjects in every bureau, that is to say, materia medica as applied to surgery and gynecology, etc. More materia medica and less cutting.

This motion caused considerable discussion, simple as it seems, but mainly through misunderstanding. Dr. Thompson spoke for the country doctor who came up to these meetings to learn something of value to himself and his patients, and who had little, if any use, for the brilliant operations. Dr. Claypool believed that we are too proud of our mechanical work, and he thought it was time to stop and see if there is not something yet in materia medica that is of value even to the specialist. Dr. J. C. Sanders wished the matter to take the form of a suggestion, not as a mandate to the Chairman.

Dr. Sanders and Dr. Means took up the Bureau of Obstetrics and gave some fine papers, the former on "Navel Dressings," the latter on the

"Value of Preparatory Treatment in Parturition."

Dr. Gann, in the Bureau of Nervous Disease introduced Dr. Canfield, who had an instructive paper on "Neurasthenia," and was followed by a paper by Dr. Boice on "A Few Eye Cases of Reflex Origin." The chairman's own paper at his request was read simply by title, as well as two or three others. This seemed to be necessitated owing to the lateness of the hour and the breaking up of the Society.

The following were elected delegates to other societies:

The American Institute of Homœopathy, Drs. D. H. Buck and C. E. Walton; Indiana Institute of Homœopathy, Dr. R. B. House; Michigan Society, Dr. Albert Claypool; Missouri Institute of Homœopathy, Dr. A. L. Monroe; Kentucky Society, Dr. Thomas M. Stewart.

Dr. Gann moved a resolution of thanks to the Toledo physicians for their kindness and courtesy and to the local press for reports.

The Bureau of Materia Medica reported the presentation of a paper on "Bacillinum" by Dr. Henry Snow, of Cincinnati, which was read by title and referred to the publication committee.

The following chairmen of bureaus were then appointed:

Materia Medica, Dr. H. H. Baxter; Clinical Medicine, Dr. T. T. Church; Pædiatrics, Dr. W. C. Hastings; Anatomy, Physiology, etc., Dr. A. C. Roll; Laryngology and Rhinology, Dr. Strokes; Surgery, Dr. A. E. Schebel; Ophthalmology and Otology, Dr. Emma L. Boice; Nervous Diseases, Dr. J. A. Gann; Obstetrics, Dr. G. W. Rhonehouse; Gynæcology, Dr. J. C. Wood.

On motion adjourned.

THE SIXTH SEMI-ANNUAL MEETING OF THE NORTHERN INDIANA AND SOUTHERN MICHIGAN HOMŒOPATHIC MEDICAL ASSOCIATION, was held in the parlors of the Century Club, Elkhart, Indiana, May 3, 1894, Dr. G. W. Bowen in the chair. Members present: Drs. R. N. Morris, Constantine; John Borough, Mishawaka; C. H. Myers, and W. D. Chaffee, South Bend; M. K. Kreider, Goshen; G. W. Bowen, Fort Wayne; I. O. Buchtel, Auburn; A. L. Fisher, W. H. Thomas, Porter Turner, and H. A. Mumaw, Elkhart. Visiting physicians: C. H. Hoffman, Constantine; A. L. Mikesell, Nappanee; F. A.

Johnson and C. D. Goodrich, Elkhart. A number of letters and telegrams were received from absent members expressing regrets at their inability to be present.

The society was called to order at 11 o'clock, and after roll-call the minutes of the previous meeting were read by the secretary, Dr. H. A. Mumaw, and approved. The president then read his annual address, which was replete with wise suggestions to the members of the medical profession of whatever school. A vote of thanks was tendered the doctor, and the paper referred to the publication committee. The names of Drs. Geo. L. Shoemaker, Nappanee; T. C. Buskirk, White Pigeon, T. C. Duncan, Chicago; S. T. Mitchell, Constantine; Ernest Franz, Berne; R. S. Kester, Kendallville; M. H. Crisswell, Edwardsburg; John C. Rollman, Burr Oak, and J. B. Green, Mishawaka, were presented for membership. The chairman appointed Drs. Thomas, Morris, and Borough a committee on credentials. The report was favorable, and the election of applicants unanimous. After receiving reports of the necrologist, and delegates from other societies, and the transaction of some preliminary business, the society adjourned for luncheon.

Reports of Bureaux were next in order. Chairmen: Dr. Porter Turner, Surgery; Dr. W. B. Kreider, Ophthalmology; Dr. W. A. Smith, Materia Medica; Dr. W. E. Newton, Practice. Dr. Turner was the only chairman present. His report was followed by the reading of the following timely papers, which were fully discussed by all the members present: "Reflexes," by Dr. M. K. Kreider; "Typhoid Fever and Inflammatory Rheumatism," by Dr. G. W. Bowen; "Remedial Treatment of Phthisis Pulmonalis," by Dr. T. C. Duncan; "Vaccination no Safeguard against Small-pox," by Dr. W. B. Clarke, Indianapolis; "Therapeutics vs. the Knife in Appendicitis," by Dr. A. L. Fisher.

Election of officers for the ensuing year resulted as follows: President, Dr. W. B. Kreider; Vice-President, Dr. W. D. Chaffee; Secretary and Treasurer, Dr. H. A. Mumaw; Necrologist, Dr. W. H. Thomas.

The meeting was of great interest and profit. The attendance was the best of the series held thus far, and it will be the special aim of the secretary to double the membership the coming year.

It was unanimously decided to hold the next meeting in Elkhart on the first Tuesday in October, 1894. It was also voted to make Elkhart the medical centre for the homœopathic profession in northern Indiana and southern Michigan.

WASHINGTON, D. C. HOMŒOPATHIC MEDICAL SOCIETY. — The regular monthly meeting of the Washington Homœopathic Medical Society was held at the Dispensary, May 1st, with a good attendance of members. Dr. Custis reported from the Committee on Legislation that they had received a communication from a similar committee of the Washington Medical Society (the "regular" organization) stating that a bill had been drafted providing for an examining board composed of four "regulars," two homœopaths and one eclectic, but they desired to meet the committee from the Homœopathic Society to discuss the bill. On motion, the committee was authorized to do this.

The Bureau of Children's Diseases then reported. There were papers by Drs. Kingman and Janney, the chairman stating that Dr. Stearns of the bureau also had a paper in preparation but had been unable to complete it. On motion, Dr. Stearns was authorized to report his paper at the next meeting.

Dr. Kingman spoke of the hereditary origin and transmission of disease. He stated that homœopathy, under the teachings of Hahnemann, removed filth and other morbid matters and with this the cause of many diseases. In syphilis it is our duty to prevent the transmission of disease and our means for this is to educate the young into a knowledge of the severity and duration of the disease. Many regarded it, without sufficient knowledge, as a slight matter until they experienced its effects. There should be more said about its results in the public, or rather lay, press. There should be public institutions for the treatment of syphilis and to prevent its transmission. Patients should not be permitted to marry for seven years after apparent cure. If patients have married, treat both parents and child, watching them and treating symptoms as they arise.

In tuberculosis there is better prospect of cure. This is directly inherited or disease follows inhalation of bacilli from sputum, which retains its vitality even when dry. In children of tubercular parents the parents

should be instructed how to watch and treat the children, as by appropriate diet, plenty of fresh air and promptly treating any catarrh or bronchitis which may arise. The mother *must not* nurse the child if tubercular herself.

Dr. Janney read a paper on "Mental Impressions," classifying them as mental or bodily. The mental are due to joy, grief, etc., of the mother and affect the mental and moral constitution of the child. Cases were cited of James I., who could not look at a naked sword, Napoleon, Jesse Pomeroy and others. Bodily impressions are more frequent and are discovered at birth. The time, when the impression is produced, may be a very short period before the birth of the child. Best treatment is to sympathize with the woman and relieve her mind and try to remove the effects with the appropriate remedy.

The papers were discussed by Drs. Corey, Hislop, Wilson, Gibbs, Munson, Custis, Stearns and Gilbert and the Society adjourned at 11 P.M.

Z. B. BABBITT, M.D.,
Secretary.

THE EIGHTEENTH ANNUAL SESSION OF THE MISSOURI INSTITUTE OF HOMŒOPATHY was opened Tuesday, April 17th, at the Lindell Hotel, St. Louis, Mo., by an address of welcome by Dr. W. B. Morgan, President of the St. Louis Homœopathic Medical Society.

The morning session was devoted to the usual routine of opening a convention and to President William P. Cutler's address.

The afternoon session was occupied by the following papers, Dr. H. W. Westover, of St. Joseph, being chairman:

"A Case of Basilar Meningitis," J. Martine Kershaw, M.D., St. Louis.

"Spinal Irritation," F. D. Canfield, M.D., St. Louis.

"My Experience with Trismus," H. C. Baker, M.D., Kansas City.

"Articular Arthritis," J. C. Cummings, M.D., St. Louis.

"A Blister in the Right Place," T. H. Hudson, M.D., Kansas City.

"Nitrate of Silver in Albuminuria," S. C. Delap, M.D., Kansas City.

"Eczema—Clinical Cases," W. L. Galloway, M.D., St. Louis.

"Cystitis," W. John Harris, M.D., St. Louis.

"Clinical Medicine," C. J. Burger, M.D., Boonville.

"Homœopathy in Diseases of the Chest," H. N. Keener, M.D., St. Joseph.

"Therapeutic Administration—How and Where to Apply the Dose," W. A. Edmonds, M.D., St. Louis.

"Diphtheria Treated Homœopathically," J. W. Cartlich, M.D., Kansas City.

"Rupture of Uterus at Fourth Month of Pregnancy," A. E. Neumeister, M.D., Kansas City.

"Circumcision as a Therapeutic Measure," H. W. Westover, M.D., St. Joseph.

A recess until 8 o'clock was taken. Materia Medica was the bureau that held forth at the night session. The principal papers were as follows:

"Our Surgical Remedies," by Howard Crutcher, M.D., Chicago.

"The Proper Way to Study Materia Medica," by H. N. Keener, M.D., St. Joseph.

"Calcarea Phos. and its near Relations," L. C. McElwee, M.D., St. Louis.

"Alcohol vs. Homœopathy," M. E. Adams, M.D., Hopkins, Mo.

"Alcohol," C. J. Burger, M.D., Boonville, Mo.

"H₂O₂," W. T. Branstrup, M.D., Topeka, Kan.

"The Therapeutics of Nervous Diseases," E. R. McIntyre, M.D., Chicago.

"The Homœopathic Materia Medica," F. M. Martin, M.D., Maryville, Mo.

"That Tired Feeling," Frank Kraft, M.D., Cleveland, O.

"A Comparative Study of Remedies for Supraorbital Pains," A. L. Monroe, M.D., Louisville, Ky.

"Red Hair," Frank Kraft, M.D., Cleveland, O.

At the second day's session the following officers were elected for the ensuing year: President, W. B. Morgan, St. Louis; First Vice President, L. C. McElwee; Second Vice-President, G. A. Russell; General Secretary, H. J. Ravold; Provisional Secretary, E. F. Brady, and Treasurer, M. T. Runnells. The following Board of Censors was elected: J. T. Thatcher, Oregon; L. G. Van Scoyoc, Kansas City; W. John Harris, St. Louis; Lizzie Gray Gutherz, Sedalia, and C. J. Burger, Boonville. It was agreed to meet next year at Kansas City.

When the institute was called to order, it was found that a number of

eminent Chicago physicians had arrived during the night, and were ready to participate in the institute labors. Among these were: E. H. Pratt, famous for his discoveries in official philosophy; Sheldon Leavitt, C. E. Fisher, editor of the *Medical Century*, one of the foremost journals in the homœopathic practice to-day; George F. Shears and F. D. Holbrook, Dr. C. E. Walton, of Pulte College, Cincinnati, and O. S. Runnells, of Indianapolis, were also present. Dr. W. A. Dunn was also noted. These gentlemen were then accorded the courtesies of the convention and several of them elected to honorary membership.

The Bureau of Materia Medica was then called, and Dr. Crutcher read a paper on "Our Surgical Remedies."

Drs. Howard Lindly and Robert Carr Block were elected to membership, after which the Bureau of Gynecology was taken up, with Dr. Moses T. Runnells, Chairman. The following papers were read and discussed: "Shall the Uterus be Removed with Diseased Appendages?" by Dr. Sheldon Leavitt, of Chicago; "Sterility," by Dr. O. S. Runnells, of Indianapolis; "Care of Our Girls During Their Development Period," by Dr. L. C. Grosvenor, of Chicago; "Some Unnecessary Gynecological Operations," by Dr. J. Martine Kershaw, St. Louis; "The Treatment of Retroversion and Retroflexion of the Uterus," by Dr. W. A. Forster, Kansas City; "Recent Progress in Gynecology," by Moses T. Runnells, Kansas City, Mo.

Dr. Merrill, the eclectic member of the State Board of Health, was presented to the institute and accorded the privileges of the floor.

Dr. Crutcher presented the following resolution: *Resolved*: That the thanks of the Missouri Institute of Homœopathy be tendered to Gov. Stone for the appointment of our fellow-member, Dr. Thomas H. Hudson, of Kansas City, Mo., as a member of the Missouri State Board of Health.

At the night session Obstetrics, Ophthalmology, Otology and Laryngology were taken up, and papers were read by Drs. W. C. Richardson, W. A. Edmunds, F. W. Grundmann, F. M. Martin, L. C. McElwee, J. W. Cartlich, J. C. Cummings, A. L. Monroe, Lizzie Gray Gutherz, W. C. Richardson, A. E. Neumeister, Wesley A. Dunn, S. C. Delap, Robert Carr Block and James A. Campbell.

The third day's session was completed on the afternoon of the 19th. Sanitary Science, Pathology, Chemistry, Toxicology and Microscopy and Education and Legislation were taken up. Several interesting papers were read and discussed.

The following bureau chairmen were appointed: Clinical Medicine, Dr. Wm. P. Cutler, Kansas City; Materia Medica, Dr. E. F. Brady, Kansas City; Gynecology, Dr. T. G. Comstock, St. Louis; Obstetrics, Dr. A. E. Neumeister, Kansas City; Surgery, Dr. D. S. B. Parsons, St. Louis; Ophthalmology, Otology, Laryngology, Dr. S. C. Delap, Kansas City; Pathology, Dr. J. S. Dryden, St. Louis; Education and Legislation, Dr. C. B. Burger, Boonville; Sanitary Science and Climatology, Dr. T. H. Hudson, Kansas City; Chemistry, Toxicology and Microscopy, Dr. F. D. Canfield, St. Louis; Disease of the Brain and Nervous System, Dr. J. Martine Kershaw, St. Louis.

The institute adjourned *sine die*.

WEST JERSEY HOMOEOPATHIC MEDICAL SOCIETY.—This Society held its 26th annual meeting at the West Jersey Homoeopathic Hospital, Camden, N. J., on Wednesday, May 17th, at 11 A.M., the following members being present: Drs. Streets, McGeorge, Hunt, Cooper, Malin, Middleton and Phillips, who helped to organize the Society twenty-five years ago and Drs. Abbott, Bailey, Blackwood, Culver, Campbell, Cheeseman, Currie, Eaton, Fleming, Griffith, Grumbrecht, Hinsen, Howard, Hubbard, Iszard, Jackson, Knowlton, Parker, Quint, Shreve, Smith, Williams, Woodward; Drs. C. S. Middleton and Spencer, of Philadelphia, Drs. A. E. Ironside and E. P. McGeorge, as visitors.

Dr. L. E. Parker, the Vice-President, called the meeting to order and the delegates and visitors from Pennsylvania and New Jersey State Societies welcomed. Dr. George D. Woodward, the President, came in soon after and took the chair. The entire roll of membership from the formation of the Society to the present time was read, showing the largest attendance of members ever present.

After reading the minutes, Emerson P. McGeorge, Allan S. Ironside and William Gardiner, of Camden, were elected to membership.

The following officers were elected to serve the ensuing year: President, Jacob G. Streets, M.D., Bridgeton; Vice-President, L. E. Parker, M.D.,

Woodbury; Secretary, Wallace McGeorge, M.D., Camden; Treasurer, Anna E. Griffith, M.D., Camden.

Board of Censors, Drs. George D. Woodward, Camden, Charles K. Hubbard, Millville, E. M. Howard, Camden.

Delegates and Alternates to American Institute of Homoeopathy, Drs. M. D. Youngman, A. L. Mattson, E. M. Howard, Isaac Cooper, Henry F. Hunt, C. G. Abbott.

Delegate to New Jersey State Homoeopathic Medical Society, Dr. Isaac Cooper. Alternate, Dr. Wallace McGeorge.

The Treasurer, Dr. Anna E. Griffith, read her report, showing a balance of \$31.09 in treasury, after paying all bills. After it was audited, the report was received and filed.

Dr. Wallace McGeorge, the Secretary, read a historical sketch, showing the events which led up to the reorganization of the State Society and the formation of the West Jersey Society. The paper was ordered published in pamphlet form for distribution.

Dr. Isaac Cooper, one of the Seniors, read a poem in which his recollections of the members present at the early meetings of the Society were humorously given. This was also ordered published.

A recess was taken at this time to enable a photographer to take a group of the Society and its guests.

The ladies of the hospital then served a very acceptable dinner, twenty-eight partaking of their hospitality. After dinner when the Society reassembled, Dr. E. M. Howard was introduced as toast-master, and called upon Dr. C. S. Middleton to respond to the sentiment, "Our Sister Societies." The doctor, who is President of the Pennsylvania State Society and President of the Philadelphia County Society, responded for both.

"Our State Society" was responded to by Dr. A. W. Bailey, President of the New Jersey State Society, in his usual happy way.

The "High Private" was responded to by Dr. E. H. Phillips, of Cape May, who although a member for twenty-five years, had never held any office; the only veteran present who had always remained in the ranks.

"Our New President" was responded to by Dr. J. G. Streets, the President-elect, in his usual cheerful manner. He was warmly applauded at the close.

"Our Hospital" was responded to

by Dr. Anna E. Griffith, one of the hospital staff, and one of the lady managers. Her remarks were well received.

Our "Old Members" was responded to by Dr. Wallace McGeorge, who knew more about the old and new members than any other person in the Society. He spoke of the great benefit the Society received from the infusion of new blood from year to year.

Our "New Members" gave Dr. Fred M. Eaton a chance to say a few words which were to the point. He said it would be hard work for the young members to catch up, because the old members kept so active and so well posted.

Twenty-five dollars in silver was voted as a silver souvenir to the Lady Managers of the Hospital.

Dr. Allen L. Ironside introduced the case of Hystero-Epilepsy which had been before the Society one year ago, that the members might see the improvement from the use of high potencies in her case.

Adjourned.

W. McGEORGE, M.D.,

Secretary.

TO THE EDITORS OF THE HAHNE-MANNIAN.—Dear Sirs: In your issue of May I noted a communication on "Sanitary Communion" from Dr. C. S. Middleton, in which he calls attention to the dangers incident to the sacred service. I immediately wrote to the doctor asking for reference to any previous articles, as one would suppose from this one that the idea was an original one. I am glad the doctor mustered up his independent courage and has sent forth his warning voice, for a man of his standing in the State of Pennsylvania must have its good influence. The doctor has confessed, however, that he has not seen any articles on the subject, or had not written any previous to this one. On January 19, 1887, I read a paper before the Oneida County Homœopathic Medical Society, "A Criticism on the Present Method of Administering Wine in the Sacrament." It was endorsed by the Society and ordered published in the secular press, and was extensively copied all over this country and published in the *Medical Times* of New York. On November 29, 1891, the New York *Sun* stated: "Over four years ago Dr. M. O. Terry of Utica, N. Y., created quite a stir by reading a paper before a medical society criticizing the method of administering wine at communion ser-

vice. The truth of his statements was sustained by a vote to publish the article for the public good. His points then taken of the communicability of many serious diseases, such as diphtheria, tubercular consumption, scarlet fever, and other equally, if not more direful maladies, by the use of one glass handed from person to person for the purpose of sipping or drinking therefrom, whether at the communion table or in public places, without proper cleansing, have now been sustained through bacteriological investigations with the microscope and by a scientist unfamiliar with the antiquity of his ideas which had been given to the people of Utica on February 18, 1887, by Dr. Terry. It might be mentioned here that it is a historical fact that in the twelfth century children were forbidden the communion on account of the danger of contagion through the prevalence of disease, both zymotic and chronic, introduced into Europe from the east by the returning roving armies of crusaders. It will be remembered that Professor Hopkins, of Hamilton College, wrote a most vigorous letter to Dr. Terry, endorsing the paper. The letter, which was published in full at the time, among other statements contained the following: "Your position is perfectly tenable. It is, of course, sound from a medical point of view, nor can it be assailed on any Scriptural grounds. No delicate, sensible woman will drink from the cup which is found at the fountain or in the cars or the railroad waiting-room unless as a matter of absolute necessity. Why shall she be compelled to drink from a cup hundreds of lips have touched?" The writer ended with an argument in favor of each communicant having his own cup.

A reporter called on Dr. Terry yesterday to obtain further information on the subject. The doctor said: "Undoubtedly, our Roman Catholic friends have the best method for communion service at present. Our service could be conducted in a similar manner, bread-wafers being dipped slightly in the wine and given to the communicant. Or bread could be baked in narrow rods, strips or tubes. Then the glass containing the wine having been placed in the right hand of the communicant, the clergyman dips the rod in the wine, breaks off the end and places it in the left hand of the communicant, after which the glass could be immediately returned to the clergyman. It is the opinion of

many intelligent physicians and a large following of laymen that a change ought to be made consistent with physical safety; in fact, it is thought that unless the clergymen do their duty it will soon be considered a proper subject for health boards to act upon, as in other causative influences bearing on diseases."

The plan suggested by the doctor would not only prevent the communication of disease by the cup but would probably, in some degree, do away with the objections raised to the use of wine at the communion by those who hesitate to drink it through fear that it may revive a former taste.

After the reading of the first paper in 1887, a copy of the daily paper was sent to all *Episcopalian bishops* in this country, with no response. In March, 1894, when the subject was revived by a pathologist in Rochester, O., I sent a copy to all *Methodist bishops*. Reforms always start from the people, and unless laymen with families remain away from the sacred service, taking it in private, thus drawing the attention of the clergymen to the serious feature of the exposure and they act upon it, it will surely be one of the *imperative duties of health boards* of the future. In 1892 the President of the State Board of Health of Ohio, in his address, spoke in no unmeasured terms of this unsanitary method of service.

In Rochester, Rev. Dr. Taylor, pastor of the Brick Church (Presbyterian), instituted the change of administering communion service following the agitation incident to a meeting of medical men, and which was published in the *Rochester Herald*, March 29, 1894. Dr. Maitland L. Mallory, an eminent bacteriologist, and a member of the Board of Health, gave his views as follows: "He positively stated that the most dreadful diseases are communicated by the communion cup, among them tuberculosis and diphtheria," and that a number of others, by lips or moustache so subtle in character "that they wreck, physically, healthy manhood and womanhood."

He hoped churches would see the wisdom of making a change from the custom now so unsanitary before it became necessary for health boards to act upon it.

Following the above publication came a letter by Dr. H. M. Dayfoot, of the city, annexed to it, as follows:

"To the Editor of the *Herald*—It may be interesting to know that about

eight years ago Dr. M. O. Terry, a distinguished surgeon of Utica, N. Y., read a paper before the Oneida County Homœopathic Medical Society criticizing the method of administering wine at communion. His views at that time were deemed too radical.

A Reading dispatch to the Philadelphia *Public Ledger*, in November, 1891, stated: "Dr. John Eyre, of this city, who is paying special attention to bacteriological states, in an interview says there is great danger in the method of administering communion. He examined a drop of saliva in a glass used by a consumptive, and found nearly a million of living tubercle bacilli in a single drop."

M. O. TERRY, M.D.

UTICA, N. Y., May 9, 1894.

WISCONSIN HOMŒOPATHIC MEDICAL SOCIETY.—The Annual Meeting of our Society was held in Milwaukee, Wis., on May 29-31, 1894. Following the good example of our Secretary, who by the way is a hustler from way-back, each Chairman solemnly swore to make his bureau the best and most interesting in the lot. To this end they kept themselves busy in having all associates pledge themselves to be present with a good and interesting paper in their hand and "loaded with sufficient powder" to take an active part in the discussions. I am glad to say that all seemed fully aware of the fact, that "no excuse will be accepted" and they therefore filled the programme at a rapid speed.

In order to make the Bureau of Materia Medica especially interesting the chairman selected the following important questions, which were discussed, at a suitable time, during the meeting. As expected nearly every member of our Society personally attended and took an active part in the discussions and many things were brought forth which were of interest and benefit to all.

1. What method of studying the Materia Medica would you consider the most profitable to the student or the busy doctor?

2. By which method may the appropriate remedy be selected most quickly and accurately; by the study of the general drug effects or by that of the characteristic symptoms?

3. Is it proper and will it hasten the cure to alternate remedies?

A. R. F. GROB, M.D.,

Chairman.

THE WESTERN HAHNEMANNIAN CLUB met in Ondia, May 5th, at the office of Dr. Freda Langton. There were present Drs. Sarah Smith, W. E. Reller and A. P. Hanchett, of Council Bluffs, and Drs. Holmes, Sprague, Alexander and Moriarty, of Ondia. Dr. Langton was elected chairman for the evening. Dr. Sarah Smith read a paper on "Colocynth," which provoked a lively and profitable discussion. Dr. Hanchett in describing the attitude the colocynth patient assumes during the colicky pains peculiar to that remedy, said that the colocynth patient wants to bend double, and obtains relief by hard pressure, and is worse in any other position. The dioscorea patient wants to bend backwards or to stand erect, pressure aggravates. Dr. Sprague said that he obtained the best results with colocynth 30x. Dr. Reller, of Council Bluffs, dwelt on the similarity between colocynth and mag. phos. He said that the mag. phos. pains are sharp, sticking, stabbing, lightning-like, and are relieved by heat and pressure and aggravated by cold. Coloc. has more of a cramping pain and is relieved by bending double and hard pressure, but is not relieved by heat or aggravated by cold. Coloc. is aggravated by the least food or drink. Drs. Langton, Alexander and Holmes related cases cured by coloc. when prescribed homœopathically. The next session will be held in Council Bluffs, May 19th, at the office of Drs. Hanchett and Smith. Dr. Sprague, of Omaha, will read a paper on "Lac Caninum in Diphtheria."

SOUTHERN HOMŒOPATHIC MEDICAL COLLEGE, BALTIMORE, Md.—The third annual commencement of the Southern Homœopathic Medical College was held at the Lyceum Theater, April 12th, at three o'clock. The exercises opened with prayer by Rev. H. Allen Tupper, Jr., of the Seventh Baptist Church. Rev. Dr. J. B. Van Meter delivered the salutatory address. Eldridge C. Price, M.D., delivered the valedictory. The degrees were conferred by Mr. Levi Z. Condon, president of the board of regents, upon the following graduates:

J. Arthur Clement, Harry H. Darrrell, J. Oliver Hendrix, James Le-compt Hooper, Wm. M. Panebaker, A.B., John A. Shower, Gerapheilia Warheim, Edwin S. Lothrop M.D., Frank A. Swartwont, M.D., J. Holmes Branson, Horace L. Fair, Maurice G. Wiley.

This was the first three-year class which the college has graduated.

In the evening the college alumni and the faculty enjoyed a banquet at the Equitable Building. The following guests were present: Drs. L. B. Sworstedt, Richard Kingsman, S. S. Sterns, Thomas L. McDonald, William R. King, J. B. Gregg Custis, of Washington; Mr. Charles E. Hill and Rev. Dr. J. B. Van Meter, of Baltimore.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF CONNECTICUT.—The annual meeting of the Connecticut Homœopathic Society held at Hartford, in Jewell Hall, May 16th, was attended by about fifty members from all over the State. Dr. Edward B. Hooker, President of the Society presided, with M. J. Adams, of West Haven, as Secretary. Margaret E. Thorpe, Lucian P. Pilling and Clifford W. Porter, of Hartford, John B. Newton, of Middletown, Henry P. Sage, of New Haven, and H. D. Moore, of Naugatuck, were elected members.

Officers were elected as follows: President, H. P. Cole, Bridgeport; Vice-President, W. F. Hinckley, Waterbury; Secretary and Treasurer, M. J. Adams, West Haven; Librarian, G. H. Wilson, Meriden; Board of Censors, E. A. Wilson, Meriden; Sophia Penfield, Danbury; C. H. Colgrove, Waterbury; E. C. M. Hall, New Haven; E. S. Smith, Bridgeport.

THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL graduated a class of forty students May 3d, in Mendelssohn Hall, in Fortieth Street. Among those who addressed the class were Prof. William Tod Helmuth, Rufus B. Cowing, Prof. L. L. Danforth, Prof. St. Clair Smith and Dr. Selden H. Talcott, of Middletown, N. Y. Louis D. Hyde was valedictorian. The prizes were awarded as follows: First faculty prize, \$100 microscope, Louis D. Hyde; second faculty prize, \$50 microscope, Frederick Hills Cole; the Wales prize for highest standing in freshman studies, E. Rodney Fisk.

ANY PHYSICIAN who needs on his desk a neat and attractive desk-tool, combining a ruler, measure and paper cutter, should send to the Malted Milk Co., Racine, Wis., for one of their new metallic rulers, also for samples of malted milk as described in their advertisement on back page of cover.

THE INDIANA INSTITUTE OF HOMŒOPATHY held its twenty-eighth annual meeting at the Grand Hotel, Indianapolis, Thursday and Friday, May 17-18, 1894.

The following are the officers: President, M. H. Waters, M.D., Terre Haute; Vice-President, W. T. Gott, M.D., Crawfordsville; Second Vice-President, E. B. Grosvenor, M.D., Richmond; Treasurer, J. S. Martin, M.D., Muncie; Secretary, W. B. Clark, M.D., Indianapolis.

Board of Censors: W. R. Bentley, M.D., Morristown; J. D. George, M.D., Indianapolis; J. A. Compton, M.D., Indianapolis.

Publication Committee: G. W. Bowen, M.D., Fort Wayne; C. S. Fahnestock, M.D., La Porte; E. W. Sawyer, M.D., Kokomo; W. B. Clarke, M.D., Indianapolis.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN held its twenty-fifth annual session in the parlors of the Williams House, Battle Creek, Tuesday and Wednesday, May 15 and 16, 1894. The meeting was called to order at 10 o'clock by the president, Dr. J. C. Nottingham, who delivered the address of welcome. Then followed the usual routine of business which occupied all the morning session. The Bureau began their reports at the afternoon session and continued through the second day. Many papers of great interest were read and discussed, and every member who attended the meetings felt well repaid for the time devoted there.

MARRIED.—Dr. Joseph Sherman Garrison and Miss Theresa May Hubbard, June 6th, at Easton, Maryland.

PERSONAL.—Dr. D. Duncan has removed his office to Central Music Hall, Chicago, Ill.

Dr. F. W. Horton, Iowa University, '94, has located at Sanborn, Iowa.

Dr. W. A. Corson, Hahnemann, Philadelphia, '94, has been appointed Resident Physician at Metropolitan Hospital, Blackwell's Island, New York City.

Dr. B. K. Wilbur, Hahnemann, Philadelphia, '91, has removed to Sitka, Alaska.

Dr. A. V. Avery announces his removal to Parma, Mich.

Dr. Woodward D. Carter, Hahnemann, Philadelphia, '94, has received an appointment to the Metropolitan Hospital, New York city.

Dr. F. L. Dudley, Chicago Hom. College, '94, has located at Cerro Gordo, Ill.

Dr. I. N. Palmer announces his removal from Wyoming, O., to 238 N. Third Street, Newark, O.

Dr. C. W. Sager, Hahnemann, Philadelphia, '94, has located at Middlefield, O.

Dr. C. H. McLaughlin, formerly of Cleveland, Ohio, has removed to Los Angeles, Cal., and established his office at the N.E. corner of First and Spring streets.

Dr. Sidney F. Wilcox announces his removal from "Rutland" to 51 West 52d street, New York city.

Dr. E. M. Spaulding, Hahnemann, Chicago, '94, has located at 315 S. Jefferson Ave., Peoria, Ill.

Dr. Percy H. Ealer has removed to 2500 Poplar street, Philadelphia.

Dr. M. L. Howard has removed from Cerro Gordo to Danville, Ill.

Dr. L. A. Sager, Hahnemann, Chicago, '94, has located at Benton Ridge, Ohio.

A. F. W. Schleifer, Pulte, '94, has located at Portsmouth, Ohio.

C. T. Hurlburt & Co., Homœopathic pharmacists, have removed their Harlem branch to 52 E. 125th street (near Sixth Ave.) New York city.

Dr. Monroe Manges has been appointed by the Department of Health, Buffalo, N. Y., to inspect all boats entering that city; he will be assisted in the work by Dr. Harry Mead. The Health Department of Buffalo is vigorously enforcing a quarantine against small-pox, inspectors being placed at all railway stations and at the docks to examine the scars of former vaccinations, and to vaccinate where necessary.

Dr. Clarence E. Beebe has removed to 23 West Thirty-third Street, New York City.

Drs. Louis Schepens and S. Vanden Berghe, of Ghent, Belgium, who are making a tour of the American Hospitals, spent the last three weeks of May in Philadelphia giving most of their time to the Hahnemann Hospital.

Dr. Emory Lanphear, for many years editor of the *Kansas City Medical Index*, has resigned the chair of Operative Surgery and Clinical Surgery in the Kansas City Medical College and has removed to St. Louis. He makes the change in order to become Professor of Surgery in the St. Louis College of Physicians and Surgeons, one of the oldest and strongest medical schools of the West.

Dr. C. B. Walls, Chicago Homœopathic College, '94, has located at 126 Locust Street, Evansville, Ind.

THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

AUGUST, 1894.

CONTENTS:

	PAGE
The Science of Homœopathy—Hempel. The Bee-Line Repertory—Jones Transactions of Section of Materia Medica and Therapeutics, The American Institute of Homœopathy, Denver, 1894.....	113
Transactions of Maine Homœopathic Medical Society, 1894. The Blind as Seen Through Blind Eyes—M. de la Sizeranne. New Truths in Ophthalmology— Savage. Saunders's Question Compend. The Eclectic Practice in Diseases of Children—Scudder.....	114
Nurses Dictionary of Medical Terms and Nursing Treatment—Morten. The Care and Feeding of Children—Holt. Pamphlets Received. Announce- ments Received. Denver Reunion of "Old Hahnemann".....	115
Association of Medical Journalists. The Indiana Institute of Homœopathy.....	116
The Homœopathic Medical Society, of Central Pennsylvania. International Hahnemannian Medical Association.....	117
Personal. The Forty-Fourth Annual Meeting of the Vermont Homœopathic Medical Society.....	118
Harper Memorial Hospital and Dispensary. The Meissen.....	119
Homœopathic Medical Society of Western Massachusetts. The Young Ladies' Auxiliary of the Hahnemann Hospital, Philadelphia.....	120
The Onondaga County, N. Y., Homœopathic Medical Society. Craig Colony for Epileptics.....	121
The Semi-Annual Meeting of the Boston Homœopathic Medical Society. Boston University School of Medicine. The South-Central Pennsylvania Homœo- pathic Medical Society.....	122
The Maryland Homœopathic Medical Society.....	123
New Homœopathic Medical College, Denver, Col. New York State Homœo- pathic Hospital for the Insane. International Homœopathic Congress.....	124
The Twenty-eighth Annual Convention of the Maine Homœopathic Medical Society. Homœopathic Medical Society of Northern Pennsylvania. The Canadian Institute of Homœopathy.....	126
Broome County, N. Y., Homœopathic Society. Minutes and Resolutions Upon the Death of Dr. Dayfoot. Two of Them.....	127
Harper Memorial Hospital and Dispensary, of Philadelphia. The Northwestern Ohio Homœopathic Society. The Homœopathic Medical Society of South Da- kota. Madison County, N. Y., Homœopathic Medical Society. Personal. Married. Practice For Sale.....	128

THE SCIENCE OF HOMŒOPATHY;
Or, A Critical and Synthetical Expo-
sition of the Doctrines of the Homœo-
pathic School. By Charles J. Hem-
pel, M.D. Third edition. Philadel-
phia: Boericke & Tafel. Price, \$1.75.

Twenty years ago, Hempel gave this work to the medical profession as his contribution to help develop the idea which "originally gave rise to the founding of the Homœopathic School, and to establish this idea upon a basis of scientific universality and exactness." His work embodies his personal views, and as an earnest and sincere investigator and thinker in the field of scientific therapeutics, it should be carefully read and weighed by all homœopathic physicians of to-day. The work will be found as helpful to-day as it was twenty years ago.

THE BEE-LINE REPERTORY. By Stacey Jones, M.D. Philadelphia: Boericke & Tafel. 1894. Price, flexible leather, \$1.00 net.

This little work is a beautiful specimen of the publishers' art. The author is a literal believer in Constantine Hering's three-leg therapeutic stool idea, and he feels, if one "can get three legs to the stool of affection, we will have a pretty sure base for a successful prescription." He suggests nothing as to the selection of the remedy when his *Bee-Line Repertory* points out more than one remedy, presenting three identical symptoms. In its way, it will be found useful.

THE AMERICAN INSTITUTE OF HOMŒOPATHY, DENVER, 1894. Section of Materia Medica and General Thera-

pentics. Order of Exercises. Frank Kraft, M.D., Chairman, and Wm. E. Leonard, M.D., Secretary.

An interesting and elaborate programme, or rather book, giving, first, the order of exercises; secondly, the five well-known questions proposed by this wide-awake section, with answers from a large number of special workers in therapeutics and materia medica; and finally, a synopsis of the papers presented by the Section at the Denver meeting. Interspersed are thirty-three half-toned portraits of workers in materia medica.

TRANSACTIONS OF THE MAINE HOMŒOPATHIC MEDICAL SOCIETY, at its Twenty-sixth Annual Meeting, 1894.

An excellent set of Transactions. This meeting being the quarter-centennial one of the Maine State Society, the first article, the president's annual address, by W. F. Shephard, M.D., of Bangor, Maine, consists of "The History of the Introduction of Homœopathy into Maine, and of the Members of the Maine State Society, Past and Present," making a valuable historical review for reference. This is followed by many articles containing clinical hints of great value.

THE BLIND AS SEEN THROUGH BLIND EYES. By Maurice de la Sizeranne. Translated from 2d French edition by F. Parke Lewis, M.D. G. P. Putnam's Sons. 1894.

A very interesting and instructive little book, of 154 pages, devoted mainly to a clever discussion of the life, habits, and characteristics of the blind.

The work is written by one who, blind himself since childhood, has devoted his life to the study and instruction of his fellow-unfortunates.

Several short chapters are given to a sketch of the life and philanthropic work of Valentine Haiiy, the originator of the system of reading by raised letters.

The latter part of the book contains a most interesting account of the establishment, particularly in France, of the first schools for the blind, and an exceedingly pleasant discussion of the social status of the blind, together with a comparison of their condition and that of the deaf.

Dr. Lewis has made an able translation of a most excellent work, one which, as he says in the translator's preface, "Gives us a glimpse into lives that we might expect to be dark and cheerless, and we are astonished to find them brilliant with possibilities, awaiting only our intelligent and systematic assistance to develop courage, self-reliance, and power."

NEW TRUTHS IN OPHTHALMOLOGY. By G. C. Savage, M.D., of Nashville. Published by the Author. 152 pages. Price, \$1.00.

This little book, of rather startling title, comprises a number of papers chiefly devoted to anomalies of the ocular muscles, and which the author has already had published in various periodicals.

The most original ideas advanced are in relation to the action of the oblique muscles, and the author's method (rhythmic) of exercising them.

The author's well known tests for heterophoria is considered in detail, and indications and contraindications offered for operations and all muscular insufficiencies.

A careful explanation of the ho-ropter is given, and the term monoscopter is suggested as a substitute.

The third and last part of the book contains a number of new, and modifications of old, operations, mainly on the lids and muscles.

The volume as a whole presents a very readable and meritorious contribution to ophthalmic literature.

Although it is perhaps questionable whether the author's ideas, however original, will be generally accepted as "new truths," they are certainly well worth careful consideration and study.

SAUNDERS'S QUESTION-COMPEND, No. 14. Part I. Essentials of Refraction, and the Diseases of the Eye. By Edward Jackson, A.M., M.D. Part II. Essentials of Diseases of the Nose and Throat. By E. B. Gleason, S.B., M.D. Second edition, revised; 124 Illustrations. Philadelphia: W. B. Saunders. Price, \$1.00.

Student's question compends necessarily deal with established principles, and Drs. Jackson's and Gleason's work will be found to contain all that is essential in their special lines.

THE ECLECTIC PRACTICE IN DISEASES OF CHILDREN. By John M. Scudder, M.D. Seventh Edition. 8vo., pp. 486. Price, sheep, \$5, net. Cincinnati: John M. Scudder's Sons. Philadelphia: J. B. Lippincott & Co. 1894.

This work is from the pen of the late indefatigable writer of eclectic circles, Dr. John M. Scudder, of Cincinnati. Any one interested in eclecticism will find much of value in its pages, and every practitioner of medicine, irrespective of schools, can read it with profit if not with conviction. The seventh edition of a work means that it is well and favorably known, and that there is a constant demand for the same.

NURSES DICTIONARY OF MEDICAL TERMS AND NURSING TREATMENT. Compiled for the use of nurses. By Honnor Morten. Second Edition. Price, \$1. Philadelphia: W. B. Saunders. 1894.

This edition of this useful work has been corrected and enlarged, and maintains its reputation for brevity and simplicity. Its sphere is that of a temporary reference-book, or until an unabridged work can be referred to.

THE CARE AND FEEDING OF CHILDREN. A catechism for the use of mothers and children's nurses. By L. Emmett Holt, M.D. Price, 50 cents. New York: D. Appleton & Co. 1894.

A particularly serviceable work for domestic use, especially at this season of the year, provided mothers and nurses will read and think about its contents.

PAMPHLETS RECEIVED.

PRATT'S METHOD OF VAGINAL HYSTERECTOMY. By Sheldon Leavitt, M.D., Chicago, Ill. Reprint Indiana State Society Transactions.

1. A CASE OF DOUBLE VAGINA, with Operation.

2. ABSTRACT OF TWO ARTICLES Treating of Progress in Midwifery. By Hunter Robb, M.D., Baltimore, Md.

ANNOUNCEMENTS RECEIVED.

THE HOMŒOPATHIC MEDICAL COLLEGES of New York, Missouri, Denver, Chicago, Baltimore, Philadelphia College of Pharmacy.

REPORT OF THE SUPREME MEDICAL EXAMINER. A. O. U. W., for 1894, by William C. Richardson, M.D., St. Louis, Mo.

1. RETINITIS ALBUMINURIA. 2. Ophthalmia Neonatorum. By L. Webster Fox, M.D., Philadelphia.

1. A SERIOUS FALLACY ATTENDING the Employment of Certain Delicate Tests for the Detection of Serum Albumin in the Urine.

2. FURTHER REMARKS ON THE Occurrence of a Form of Non-Albuminous Nephritis other than Typical Fibroid Kidney. By D. D. Stewart, M.D., Philadelphia.

AN ACT TO REGULATE THE PRACTICE OF MEDICINE and to Create a State Board of Examiners in Louisiana. 1894. From C. R. Mayer, M.D., New Orleans, La.

SURGICAL CLINIC GIVEN AT WESLEY HOSPITAL, Chicago. By F. C. Schaefer, M.D. 1894.

DENVER REUNION OF "OLD HAHNEMANN."—The alumni of the oldest Homœopathic medical college in the world, the Hahnemann of Philadelphia, met about midnight, Monday, June 18, 1894, in the club dining-room of the Brown Palace Hotel, Denver, and held an old Vienna *kneipe* *abend*. It proved to be a most successful and delightful reunion, recalling vividly old college memories. Professor I. Tisdale Talbot, class of '53, Boston, the president of the Hahnemann Alumni Association, which numbers 954 active members and 1000 non-active, presided, and William W. Van Baun, '80, Philadelphia, Secretary of the above association served in a similar capacity at this jolly and informal assembly.

During and after lunch three-minute speeches were made by the members at the round table, their guests participating. As things were getting under way, the "senate of seniors," meeting on the second floor of the hotel, hearing the familiar yell of the old Philadelphia college.

Rah! Rah! Rah!

Rah! Rah! Rah!

Hahnemann, Hahnemann,

Sis! Boom—Ah!

hastened to the eighth floor to investigate and were immediately captured and held willing prisoners by the sons of "Old Hahnemann," remaining their guests and adding greatly to the festivities and good fellowship. The meeting was thoroughly enjoyed by the half hundred present. Before adjourning Drs. C. P. Seip, '67, Pittsburgh, Pa.; S. S. Salisbury, '73, Los Angeles, Cal.; John W. Pratt, '73, Coatesville, Pa.; and J. Wylie Anderson, '82, Denver, Colo., applied for membership in the Alumni Association and were unanimously elected.

The guests of the Association were E. M. Kellogg, M.D., New York City, Treasurer of the A. I. H.; Prof. E. A. Porter, M.D., New York City, editor of the *North American Journal of Homœopathy*, and the newly elected Secretary of the A. I. H.; Dr. H. R. Arndt, San Diego, Cal., editor *Pacific Coast Journal of Homœopathy*; Prof. H. C. Allen, M.D., Hering College, Chicago, Ill.; Dr. Clarence W. Butler, Montclair, N. J.; Dr. T. Franklin Smith, New York City, Assistant Treasurer A. I. H.; Prof. W. A. Dunn, M.D., Chicago, Ill.; H. M. Paine, M.D., Albany, N. Y., the Nestor of Medical Examining Boards; Dr. A. R. Wright, Buffalo, N. Y.; Dr. R. B. Rush, Salem, Ohio, the veteran chairman of Board of Censors of A. I. H.; Dr. J. B. Gregg Custis,

Washington, D. C., Vice-President A. I. H.; Dr. H. M. Smith, New York City, Treasurer of the Hahnemann Monument Fund; Dr. S. S. Sterns, Washington, D. C.; and Prof. T. P. Wilson, M.D., Cleveland, Ohio.

The members of the Alumni Association present were: Prof. I. T. Talbot, M.D., '53, Dean of the Boston University School of Medicine; Prof. J. H. McClelland, M.D., '68, Pittsburgh, Pa., President American Institute of Homœopathy; Prof. William Tod Helmuth, M.D., LL.D., '53, the Surgeon-Poet Dean of the Homœopathic College of New York City; Prof. John E. James, M.D., Hon., '84, Registrar of Old Hahnemann College, Philadelphia; T. F. Allen, M.D., LL.D., Hon., '70, Professor Materia Medica New York College; Prof. A. C. Cowperthwaite, M.D., LL.D., '69, Chicago Homœopathic College; Prof. Pemberton Dudley, M.D., '61, Philadelphia, Secretary A. I. H.; Drs. L. H. Willard, '66, and C. P. Seip, '68, Pittsburgh, Pa.; Prof. A. L. Monroe, M.D., '79, Dean of the Louisville, Ky., College; Prof. Wm. Boericke, M.D., '80, Dean of the San Francisco College; Prof. Mark Edgerton, M.D., '79, Dean Kansas City, Mo., College; Dr. C. S. Hoag, '77, Bridgeport Conn., Registrar A. I. H.; Dr. T. L. Macdonald, '88, Washington, D. C., Professor of Surgery Southern Homœopathic Medical College of Baltimore; Dr. John Black McClelland, '78, Pittsburgh; Dr. H. C. Aldrich, '81, editor *Minneapolis Homœopathic Magazine*; Dr. D. A. Strickler, '80, St. Paul, Professor of Ophthalmology in State University, Minnesota; Dr. Benj. F. Bailey, '81, Lincoln, Nebraska; Dr. Persifor M. Cooke, '86, Denver, Colo.; Dr. J. H. Closson, '86, Germantown, Philadelphia; Drs. W. W. Blair, '89, and Robert S. Marshall, '90, Pittsburgh, Pa.; Dr. H. Evans, '80, Altoona, Pa.; Prof. T. Griswold Comstock, M.D., '55, St. Louis, Mo., Dean St. Louis Medical College; Dr. N. A. Pennoyer, '80, Kenosha, Wis.; S. S. Salisbury, M.D., '71, of Los Angeles, Cal., and Leonard Pratt, M.D., '52, San Jose, Cal.; Dr. Charles E. Spohr, '85, Lincoln, Neb.; Dr. T. Pratt, '76, Media, Pa.; Drs. S. F. Shannon, '79, and T. Wylie Anderson, '84, of Denver, Colo.; Dr. S. M. Ansell, '57, New Orleans, La.; Dr. W. Carey Allen, '83, Colorado Springs, Colo.; Dr. Charles A. Gale, '80, Rutland, Vt.; Dr. T. H. Carmichael, '86, Germantown, Philadelphia; Dr. J. R. Fleming, '82, Atlantic City, N. J.; Prof. Charles H.

Goodman, M.D., '69, of St. Louis Homœopathic College, Missouri; Prof. W. J. Hawkes, M.D., '67, Hering College, Chicago; Dr. Joseph Hancock, '78, Philadelphia, Pa.; Dr. Wm. J. Martin, '77, Pittsburgh, Pa.; Dr. J. W. Pratt, '71, Coatesville, Pa.; Prof. Louis de V. Wilder, M.D., '55, New York City; Prof. O. S. Wood, M.D., '68, Omaha, Neb.; Dr. Chandler Weaver, '79, Fox Chase, and Wm. W. Van Baun, M.D., '80, Philadelphia, Pa.

ASSOCIATION OF MEDICAL JOURNALISTS.—Temporary Organization: A meeting for organization of the editors and managers of Homœopathic medical journals was called to order at the Brown Palace Hotel, Denver, Col., June 19, 1894, at 9 P.M. Present:—Drs. W. W. Van Baun, H. C. Aldrich, Eugene F. Storke, C. F. Fisher, W. A. Dewey, H. W. Pierson, T. L. Macdonald, A. E. Neumeister, W. D. Foster, G. W. Roberts and R. S. Marshall.

Dr. W. W. Van Baun was elected Chairman and Dr. G. W. Roberts Secretary of the temporary organization. After quite an extended general discussion of objects and plans of organization it was moved by Dr. E. F. Storke that a committee of three be appointed by the chair to submit at the next meeting (during session of Institute in 1895) a plan of permanent organization and that the present officers hold over until that meeting. Seconded by Dr. Pierson. Carried.

Chairman Van Baun announced the appointment of Drs. Storke, Aldrich and E. H. Porter to constitute the above committee.

It was moved by Dr. Storke and carried that the chair appoint three essayists to present papers upon topics of general interest to journalists at next meeting.

Appointment of essayists withheld. Adjourned.

THE INDIANA INSTITUTE OF HOMŒOPATHY held its twenty-eighth annual meeting at the Grand Hotel, Indianapolis, Thursday and Friday, May 17th and 18th, 1894. President M. H. Waters, M.D., was in the chair, and the attendance from all parts of the State was good. The treasurer, Dr. J. S. Martin, of Muncie, read his report, showing the finances to be in a healthy condition. This was followed by the report of the secretary, Dr. W. B. Clarke. The president delivered his address, in which he reviewed the progress of medicine since the last meeting.

The following eleven doctors were admitted as new members: J. H. Hoag, of Columbus; A. Michael, Buck Creek; E. Franz, Berne; C. E. Sawyer, Indianapolis; S. Harrell, Noblesville; E. A. Severinghaus, New Albany; J. C. Holloway, Vincennes; H. W. Cory, Huntington; A. D. Smith, Angola; Sarah C. Jackson, Jeffersonville; A. C. Ackeman, Lafayette.

The bureau meetings were highly interesting; many valuable papers were read and ably discussed by the members.

The election of officers for the ensuing year resulted as follows: President, W. T. Gott, M.D., Crawfordsville; First Vice-President, W. B. Stewart, M.D., Indianapolis; Second Vice-President, J. N. Lucas, M.D., Shelbyville; Treasurer, J. S. Martin, M.D., Muncie; Secretary, J. D. George, M.D., Indianapolis.

After the transaction of a little routine business, a vote of thanks was extended to the press and the management of the Grand Hotel for the courtesies shown the delegates, and the society adjourned *sine die*, well satisfied with a very pleasant and profitable meeting.

W. B. CLARKE, M.D.,
Secretary.

THE HOMŒOPATHIC MEDICAL SOCIETY OF CENTRAL PENNSYLVANIA, met in parlor 104, at The Updegraff, Williamsport, Pa., May 15th, with the following physicians present:

M. A. Wesner, Houtzdale; H. J. Evans, B. F. Book, E. H. Morrow, J. W. Walters and W. D. Hall, Altoona; R. L. Piper, Tyrone; F. S. Smith, Lock Haven; Albert Baker, Montgomery; G. W. Maust, Lock Haven, and Howard Cheyney, G. C. Burnley, John P. Haag and Hannah C. Reinhold, Williamsport.

The meeting was called to order by President Wesner. After roll-call the president delivered an able address: this was followed by the reports of the several officers which were read and approved.

The various bureaus presented reports, and many interesting papers were read and discussed.

The election of officers for the ensuing year resulted as follows:

President, Dr. W. D. Hall, Altoona; First Vice-President, Dr. Howard Cheyney, Williamsport; Second Vice-President, Dr. E. M. Scheurer, Clearfield; Corresponding Secretary, Dr. R. L. Piper, Tyrone; Secretary and Treasurer, Dr. E. H. Morrow, Altoona; Censors, Drs. Evans, Cheyney and

Reinhold; Necrologist, Dr. J. W. Walters, Altoona; Representative to State Convention at Philadelphia, Dr. E. H. Morrow, alternate Dr. H. J. Evans.

One hundred copies of the constitution and by-laws were ordered printed.

Drs. Piper, Burnley and Evans were appointed a committee to audit the accounts of the treasurer.

The following bureaus were appointed: Clinical Medicine, Drs. Biglow, Scheurer, Piper; Pathology, Smith, Baker, Walters, Gould; Obstetrics, Wesner, Morrow, Haag; Gynecology, Cheyney, Sharbaugh, Reinhold; Materia Medica and Proving, Daritt, Hall, Evans; Surgery, Burnley, Maust, Chisholm, Book.

The meeting then adjourned to meet Tuesday, November 20, 1894, at Tyrone.

R. L. PIPER, M.D.,
Secretary.

INTERNATIONAL HAHNEMANNIAN MEDICAL ASSOCIATION.—The 15th annual convention of the International Hahnemannian Medical Association opened at the parlors of the International Hotel, Niagara Falls, N. Y., June 27th, with about 50 delegates present from the States of Missouri, Illinois, Indiana, New York, Massachusetts, Maryland, Connecticut and Pennsylvania, besides a number of foreign delegates.

President H. R. Holmes, of Omaha, Neb., called the convention to order with an address on the troubles experienced during the past two years which threatened the disruption of the Association. The reports of the Secretary, Dr. Howard Crutcher, and Treasurer, Dr. Franklin Powel, of Chester, Pa., were received and showed the finances to be in a healthy condition. Twelve new members were elected and then the most important step the Association could take was decided on. It was a resolution rescinding the action taken two years ago, with reference to a report of the board of censors made at Narragansett Pier, regarding charges made against one of the members. This report was indefinitely postponed and caused no end of bitter feeling. The rescinding of this action was also followed with the expression of regret that improper action had been taken at the last meeting. The Association reaffirmed its loyalty to the constitution and by-laws. The members expressed their belief that this action would heal the differences now existing and next year would see a rousing convention denied this year.

At the evening's session the subject

of appendicitis was taken up and a lively discussion followed, many of the physicians opposing operating. The consensus of opinion, however, was that medicine should be first used in treatment of such cases, and if this failed, then, and only then, surgery should be resorted to.

The morning of the second day was devoted entirely to the reading and discussion of papers on clinical medicine. The subject was pretty thoroughly handled by the physicians, whose numbers had been increased by the arrival of other delegates. In the afternoon the papers read were on "Surgery from the Homœopathic Standpoint." Dr. Howard Crutcher, the Secretary, read an interesting paper on this subject. The speaker holds pronounced views on this matter. A discussion followed. The afternoon session was devoted entirely to the subject of surgery.

In the evening the sensation of the sessions was the paper by Dr. Bernard Fincke of Brooklyn, the doctor who fought so successfully the compulsory vaccination in the City of Churches. Dr. Fincke's paper was entitled "Incompatibility of Vaccination with Homœopathic Practice." He cited the history and valuation of vaccination and from it showed that compulsory vaccination was wholly unreasonable. He cited statistics which tended to show that vaccination did not prevent smallpox, and on the contrary caused it and many other diseases which the subject would not have contracted undoubtedly had he not been vaccinated. He took the reports which showed of 30,000 soldiers in the German army afflicted with smallpox, 29,000 were vaccinated.

Dr. John H. Allen, of Logansport, Ind., discussed an epidemic of smallpox in his city, in which there were thirty fatal cases, and all of these had been vaccinated. The consensus of the doctors in convention was opposed to compulsory vaccination, and a great many to vaccination altogether.

The election of officers took place and resulted as follows: President, B. Lebaron Baylies, M.D., of Brooklyn; Vice-President, John H. Allen, M.D., of Logansport, Ind.; Treasurer, Milton Powell, M.D., of Chester, Pa.; Secretary, Howard Crutcher, M.D., of Chicago. Board of Censors: Chairman, R. A. Morgan, M.D., of Waterbury, Conn.; Frederick O. Pease, M.D., of Chicago; D. C. McClaren, M.D., of Ottawa, Ont.; William L. Reed, M.D., of St. Louis; C. W. Butler, M.D., of Montclair, N. J. The next place of meeting was decided on for Newport, R. I., in June, 1895.

PERSONAL.—Dr. J. E. Mann has removed from Butler, Pa., to 200 Paxton Block, Omaha, Neb.

Dr. Alonzo M. Barnes announces his removal, June 1st, to 3517 North Broad Street, Philadelphia, Pa.

Dr. George H. Haas has located at 434 Turner Street, Allentown, Pa.

Dr. Charles Leslie Rumsey has changed his address from 714 Park Avenue to 819 Park Avenue, Baltimore, Md.

THE FORTY-FOURTH ANNUAL MEETING OF THE VERMONT HOMŒOPATHIC MEDICAL SOCIETY opened a two days' session in the Pavilion parlors (Montpelier), June 6th. The following officers were elected for the ensuing year:

Dr. W. F. Minard, of Waterbury, President; Dr. J. F. Shattuck, of Wells River, Vice-President; Dr. George I. Forbes, of Burlington, Secretary; Dr. F. D. Worcester, of Springfield, Treasurer; Dr. W. B. Mayo of Northfield, Dr. H. E. Packer of Barre and Dr. E. B. Whittaker of Richmond, Censors; Dr. James Haylett of Moretown, Dr. D. C. Noble of Middlebury, Dr. S. S. Martin of East Hardwick, Auditors.

The President appointed the following delegates: To the American Institute of Homœopathy, Dr. W. F. Minard, ex-officio, and Dr. J. F. Shattuck. To the State societies: Maine, Dr. W. E. Locke; New Hampshire, Dr. A. N. Logan; Massachusetts, Dr. Edward Kirkland; Rhode Island, Dr. M. D. Smith; Connecticut, Dr. C. A. Gale; New York, Dr. D. C. Noble.

The following committees and bureaus were also appointed:

Legislative Committee—H. S. Boardman, W. B. Mayo, F. E. Steele, E. B. Whittaker, H. E. Packer.

Materia Medica—A. F. Moore, J. H. Mayo, J. F. Shattuck.

Clinical Medicine—G. E. E. Sparhawk, George I. Forbes, A. E. Horten.

Obstetrics and Gynæcology—D. C. Noble, Edward Kirkland, A. S. Murray.

Surgery—C. P. Holden, S. S. Martin, A. N. Logan.

Pædiatrics—E. E. Whittaker, W. E. Locke, W. B. Mayo.

Psychology—H. E. Packer.

Sanitary Science—E. L. Wyman, M. D. Smith, H. S. Boardman.

During the session the following papers were presented:

"Inula Helenium in Pneumonia," by Dr. J. H. Mayo, of West Randolph; "A Bedside Sketch," by Dr. H. E. Packer, of Barre; "A Study of Pulsatilla," by Dr. S. S. Martin,

of East Hardwick; "Tubercular Ulceration of the Rectum," by Dr. G. E. Sparhawk, of Burlington; "New Things in Silicea," by Dr. A. F. Moore, of North Shrewsbury; "Typhoid Fever Epidemic in Windsor," by Dr. C. P. Holden, of Windsor; "Treatment of Carbuncle by Early Incision and Carbolic Acid," by Dr. Edward Kirkland, of Bellows Falls; "Sanitary Science," by Dr. I. H. Fiske, of Montpelier. The number of papers presented was unusually large, and their quality such as to prove that their authors were fully abreast of the times. One of the most interesting and instructive papers was that on "Orificial Surgery," by Dr. L. A. Phillips, of Boston, which was given during the first day of the meeting. Dr. Phillips is a firm believer in the philosophy of orificial surgery, and judging from the history of the cases which he presented one can hardly see how he could be otherwise.

The annual address by the retiring president, Dr. H. S. Boardman, of Montpelier, was a thoughtful and interesting paper. Dr. Boardman believes that the coming physician must pay more attention to sanitary science, and that it is along the lines of preventive medicine that the great work of the future must be done. Dr. Boardman also spoke of the subject of medical legislation, and thinks that no effort should be spared to defeat all legislation which does not give equal rights to all schools. The address, as a whole, met with the hearty approval of the society.

Beside the many papers read there were numerous clinical cases cited and a full discussion followed the reading of most of the papers.

Two new men were admitted to membership in the society, Charles M. Denison, M.D., of White River Junction, and Warren E. Putnam, M.D., of Bennington. The number of physicians present was the largest on record. This, with the number and excellence of the papers presented, rendered the meeting one of the most profitable ever held, and was a source of great satisfaction to those interested in the work of the society.

The next semi-annual meeting will be held at Rutland in October.

GEORGE J. FORBES, M.D.,

Secretary.

HARPER MEMORIAL HOSPITAL AND DISPENSARY.—During the past year the demands upon the institution so largely increased as to necessitate bet-

ter accommodations; accordingly, house No. 2913 Diamond Street was procured. The details of the year's operations from May 1, 1893, to May 1, 1894, will appear in the following concise statement:

No. of days dispensary open during year,	307
No. of visits by patients,	4127
" " " new,	1355
" " " old,	2772
No. of prescriptions,	3610
" " " paid,	2401
" " " free,	1209

Cash receipts for prescriptions, \$244.24

The above statement of cold facts does not properly set forth the amount of good done by the quiet and unassuming band of noble workers who are associated in this infant charity; mere numbers do not fitly express the total of pain relieved and sorrow assuaged in the hour of poverty and sickness.

The moral effect of this support is seen only in the after-life of those to whom relief has been extended; the feeling that in the world of strangers around them there are loving Christian hearts and willing helping hands, moved by a sense of common brotherhood, is all powerful to encourage individual effort, and we believe that many a useful life has been preserved and many a yearning soul moved to gratitude to God by our humble efforts.

HELEN S. LEDYARD,

Secretary.

THE MEISSEN.—Homœopathists have already done much to break down ancient traditions, not only by the proving and administration of drugs and innovations in the sick-room, but also by accepting women as medical students, co-workers in medical societies and as co-laborers in the medical profession. It is possible that the fact that homœopathic physicians co-operate with women as students of medicine and as practitioners may have served as an incentive to their wives and daughters, that they, too, in the home life, might co-operate in lines not professional or medical, but touching the deep social problems upon which the successful home building depends.

With this end in view, as well as the importance of warm personal relations with each other, a society has been formed composed of the wives and daughters of the members of the American Institute of Homœopathy. It was organized in Chicago in June,

1893, and what then seemed to be experimental has already become eminently satisfactory in its success.

The first meeting in Denver was held on Saturday morning, June 16th, when more than fifty ladies assembled in the parlors of the Brown Palace Hotel. The object of this meeting was the discussion of the purposes for which the Meissen was organized. The president, Mrs. Talbot, stated many of the possibilities of such a society, and her remarks called out enthusiastic discussion. The decision reached was to broaden the purposes of the society beyond sociability and hospitality, and to include the consideration of social and literary topics.

On Monday, at two o'clock, in the parlors of the church where the Institute held its sessions, a special meeting was called to hear a paper read on "What the Meissen May Mean to Its Members," by Mrs. Wm. L. Jackson, of Boston. It suggested ways in which a wife might interest herself in her husband's professional work. The ideal doctor's wife will know from her study of the acknowledged authorities of the day, the hygiene of the nursery, the chemistry of cooking and the science of home making.

The annual business meeting was held in the parlors of the Brown Palace Hotel, at nine in the morning. Several amendments to the constitution were adopted, and the following officers elected for the ensuing year:

President, Mrs. I. T. Talbot, Boston; Vice-Presidents, Mrs. Wm. Tod Helmuth, New York; Mrs. T. Y. Kinne, Paterson, N. J.; Mrs. Wm. Higbee, St. Paul, Minn.; Secretary, Miss Emily F. Paine, Albany, N. Y.; Treasurer, Mrs. C. S. Hoag, Bridgeport, Conn.; Honorary President, Mrs. C. E. Fisher, Chicago, Ill.; Executive Committee, Mrs. Henry C. Houghton, New York; Mrs. James M. Walker, Denver, Col.; Mrs. Sheldon Leavitt, Chicago, Ill.; Mrs. A. Boothby, Boston, Mass.; Mrs. Frank Kraft, Cleveland, Ohio.

A resolution was adopted to thank most cordially the ladies of Denver for the many thoughtful courtesies and warm hospitality tendered to the Meissen.

HOMOEOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.—The regular quarterly meeting of the Homoeopathic Medical Society of Western Massachusetts was held at the Cooley Hotel, Springfield, June 20th. A large number of members were

present. The programme was arranged by the bureau of materia medica and practice, composed of Drs. A. M. Cushing, of Springfield, chairman; J. H. Allen, of Norwich, Ct.; Lamson Allen, of Worcester; W. F. Harding, of Westfield; O. O. Roberts, of Northampton; E. L. Mellus, of Worcester; H. L. Clark, of Westfield; W. P. Wentworth, of Lee; and G. F. A. Spencer, of Ware. Dr. B. A. Sawtell, of Ware, presided in the absence of the regular presiding officer. The principal paper was by Dr. A. M. Cushing, of this city, whose subject was: "Facts and Fallacies; also Something About Physolalus Diversiflorus." The other papers were as follows, each being followed by a discussion: "Clinical Cases," Dr. O. O. Roberts, of Northampton; "A Case of Meningitis," Dr. H. L. Clark, Westfield; "The Study of Materia Medica," Dr. Lamson Allen, Worcester; "Materia Medica and Clinical Cases on the Eye," Dr. W. P. Wentworth, Lee; "Carbolic Acid and the Hypophosphites," Dr. Harriet B. Loring, of Springfield; "Cheroline in Acute and Chronic Inflammation of the Middle Ear," Dr. J. C. Mitchie, of Springfield; "Cheledonium Majus," Dr. E. H. Copeland, of Northampton.

THE YOUNG LADIES' AUXILIARY OF THE HAHNEMANN HOSPITAL, PHILADELPHIA, was organized June 19th. The objects of the Auxiliary are: to add to the general interest in the Hospital and the cause of Homoeopathy; to raise money, to read to, to write for, or amuse the patients, especially the children; to furnish fruits and luxuries; and to help the managers with the sewing. The meetings will be held on the first Thursday of each month from October to June inclusive. The young ladies have shown great interest in the work, and the Auxiliary promises to be a success.

Eighteen names have been enrolled and there are others who are to enter in the autumn. The members are as follows: Miss Annie Bacon, Miss Alice Barr, Miss Ethel Betts, Miss Caroline C. Cooke, Miss Emily Cregar, Miss Mabel Greene, Miss Helen A. Hanna, Miss C. R. Hansell, Miss Anna Jones, Miss K. B. Langstroth, Miss Elizabeth Lewis, Miss Mabel MacGeorge, Miss Agnes Royal, Miss Mary Storey, Miss Sophie Thomas, Miss Helen F. Van Tine, Miss Annie T. Walker, Miss Bella Wister.

THE ONONDAGA COUNTY, N. Y., HOMOEOPATHIC MEDICAL SOCIETY met at their rooms, No 400 South Warren St., Syracuse, N. Y., July 5. Owing to a number of the members being out of the city, the attendance was not as large as usual. Those who were present were Drs. C. D. Hale, C. E. Stevens, J. H. Burch, of Baldwinsville; C. Schumacher, W. E. Duell, of Chittenango; C. S. Cooper, of Skaneateles; A. B. Kinne, W. C. DuBois and C. M. Lukens.

Communications were read under the Bureau of Rhinology by Dr. C. E. Stevens and Dr. J. H. Burch, who was chairman of the bureau. The subject of Dr. Stevens's paper was "Croupous and Follicular Tonsillitis." He gave a lucid description of the local and constitutional symptoms of these diseases. In his treatment he uses both local and constitutional remedies, just as he would for diphtheria. Owing to the close relationship of follicular and croupous tonsillitis to diphtheria, it naturally brought out an interesting discussion from the other members regarding their experiences in diagnoses and treatment of the various forms of acute throat diseases.

Dr. J. H. Burch read a paper entitled "Various Reflex Neuroses." His subject treated wholly of those pathological conditions found within the nasal passages. He showed the many physiological and reflex symptoms caused by certain anatomical structures pressing against each other, owing to hypertrophy of the turbinated bone and displacement of the nasal septum. He gave a history of eight cases, which had suffered from neuralgia and many other reflex symptoms, that he operated upon by surgical means, giving all complete relief. The meeting was then adjourned until the first Tuesday in August.

CRAIG COLONY FOR EPILEPTICS.—The Legislature of New York State has passed and the Governor signed the bill establishing a colony for epileptics in that State. This colony is named after the late Oscar Craig, President for some years of the State Board of Charities. The bill provides for the purchase of a tract of 1875 acres of beautiful land in the Genesee Valley, near Mount Morris, in Livingston County. This tract is all in one piece, well watered by brooks, and consisting of fine fields, woodland and orchards, and already provided with picturesquely-grouped buildings to the number of thirty-five. It has been a colony of the Shakers for twenty

or thirty years, and is, therefore, perfectly adapted to its new use.

The law requires that all of the buildings put up should be on the village plan. A board of five managers is provided for, and these have already been appointed. Governor Flower, in order to make the new charity as ideal as possible, decided to select a specialist on nervous and mental diseases as one of the managers, so as to insure the best scientific treatment of patients and to keep the resident medical men in touch with all the latest developments in the pathology and treatment of epilepsy. He also appointed a lady residing within a few miles of the colony as one of the managers, in order that the women and children and general housekeeping can be kept under constant surveillance. In addition a lawyer, a homoeopathic physician and an editor were added to the board. The managers serve without salary and meet at the colony once or oftener monthly. Having these ends in view, the Governor appointed as the Board of Managers: Dr. Frederick Peterson, of New York; Mrs. C. F. Wadsworth, of Genesee; George M. Shull, of Mount Morris; Dr. Charles E. Jones, of Albany, and W. H. Cuddeback, of Buffalo.

An important provision in the bill is that the managers may accept any bequests of persons interested in the welfare of epileptics, and it is believed that many charitable wealthy people will build cottages upon the splendid sites on the tract to bear their names and exist as lasting memorials to their desire to serve humanity in this wise.

A medical superintendent, steward, matron, pathologist, nurses, school-teachers, teachers of various industries and arts, and so on, are to be appointed as needed; but the colony will not be ready probably to receive patients before the autumn of 1895.

It is thought that the colony will ultimately number fifteen hundred to two thousand members. As soon as possible the six hundred epileptics in the county almshouses will be taken in charge. Later private patients will be received at prices corresponding to the accommodations asked for. It is sure to become self-supporting in the course of time, and to grow into an industrial and agricultural village that will more than rival the similar and famous colony at Bielefeld, Germany, upon which this is, to a certain extent, modeled.

At their organization in Albany, on the 3d of May, the board of managers

made Dr. Frederick Peterson, of New York, President, and George M. Shull, of Mount Morris, N. Y., Secretary, of the board.

THE SEMI-ANNUAL MEETING OF THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY was held Thursday evening, June 7th, at the College Buildings, East Concord Street. The following papers were read in the Section of Diseases of Children: George B. Rice, M.D., Chairman; Grace Marvin, M.D., Secretary; Emily A. Bruce, M.D., Treasurer.

1. Hæmorrhages from the Gastro-Intestinal Tract in the Newly Born, Geo. E. May, M.D.

2. Opinions of Several Members of the Society on Bicycle Riding for the Young. Reported by Grace Marvin, M.D.

3. Care and Treatment of Patients in Diphtheria, Clara Whitman Reed, M.D.

4. Weaning, George R. Southwick, M.D.

Discussion followed.

A collation, consisting of ice cream, strawberries, cake, coffee, etc., was served.

The subject for the next regular meeting, October 4, 1894, will be Electro-Therapeutics.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.—The Annual Reunion, Dinner and Business Meeting of the Alumni Association, B. U. S. M., was held June 5th at the Brunswick. In the afternoon of that day a reception was held at the college buildings, and an opportunity given to the alumni and their friends to inspect the new laboratories and apparatus in the departments of physiology, anatomy and pathology. Tea and chocolate were served and music rendered by an orchestra. The reception was largely attended by the older graduates and their friends. Drs. Timothy Field Allen and George M. Dillow, of New York, and Wm. B. Van Lennep and Charles Mohr, of Philadelphia, were invited guests, the two former being present.

Addresses were made by Drs. I. T. Talbot, Louis Schepin, of Belgium, Timothy Field Allen and George M. Dillow, of New York, E. B. Hooker, of Hartford, and others.

Certificates of membership in the association were presented by the Secretary, Dr. C. H. Thomas, to the following '94 graduates:

Drs. Charles Tucker Cutler, Leonard Madden Baker, Hannah Laura

Bradley, Charles Boyd Carleton, Lurano Abbie Chubbuck, Harry Clinton Crocker, Harrie William Greene, Sara Johnson, James Simon Kennedy, Alfred Joseph Nixon, Percival Willard Roberts, Laura May Smith, Clara Maria Sweet, Joel Frank Trull, Emma Myrtice Woolley.

The following were elected officers for the ensuing year:

President, John P. Sutherland; First Vice-President, Anna Maria Selee; Second Vice-President, Wm. T. Hopkins; Secretary, Charles H. Thomas; Assistant Secretary, Winthrop T. Talbot; Treasurer, Abner H. Powers.

THE SOUTH-CENTRAL PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY held its second regular meeting at the Colonial Hotel, in York, Pa., May 15, 1894. The meeting was promptly called to order at 10.30 A.M., the President, Dr. J. Ross Swartz, in the chair. The meeting was supplemental to a preliminary one held at the Commonwealth Hotel, Harrisburg, Pa., on March 20th last. The organization was further perfected by electing a vice-president and three censors. The officers for the ensuing year are, J. Ross Swartz, M.D., Harrisburg, President; J. C. Lingle, M.D., Middletown, Vice-President; S. G. A. Brown, M.D., Shippensburg, Secretary and Treasurer; L. H. Stearns, M.D., Porter's Siding, Ernest L. Clark, M.D., Harrisburg, and Charles Wagner, M.D., Hanover, Censors. During the morning session a new constitution and by-laws were adopted, the members signing the same. Seven new members were enrolled. After some other preliminary business the Society adjourned to meet again at one o'clock.

Afternoon Session.—The meeting was again called to order by the President, Dr. J. Ross Swartz, in the chair. After the minutes of the forenoon session had been read and adopted, the Secretary was authorized to have one hundred copies of the constitution and by-laws printed for distribution among the members.

The President, Dr. Swartz, then delivered a short address, after which Dr. J. H. Yeagley, of York, presented a very ably written paper upon "Diphtheria."

Among the many instructive points which the doctor gave was that a continuance of local manifestations tended toward blood poisoning or laryngeal complications. Great stress was given to early diagnosis. It is the writer's

opinion that diphtheria is a local disease with constitutional effects. Bacteriological examinations of recent date show that 80 per cent. of the cases of so-called membranous croup in children are true diphtheria. Treatment: Quarantine, disinfection. As sprays for throat, peroxide of hydrogen (preferably that made by the Oakland Chemical Company, because it contains less acid), papoid mixed with two parts bicarbonate soda (blown into the throat through a tube every three hours). bichloride of mercury 1 to 1000 in water, etc.

Internal medication: Merc. iod. rub., phytolacca, etc. The usual after-disinfection was recommended.

Discussion.—Dr. Stearner: I have found apis, lachesis, nitric acid, and kali bichromicum most valuable remedies in the treatment of diphtheria.

Dr. Dehoff: Kali bichromicum and merc. binoid., are the leading remedies. As a spray I have used with success eucalyptus and oil of turpentine, equal parts.

Dr. Lingle: If we wait for the development of the throat symptoms we wait too long. Diphtheria is a constitutional disease, the local throat symptoms being secondary to the primary constitutional dyscrasia, hence prevention is the all-important factor.

Dr. Swartz: Kali permanganas is invaluable, and for impending heart failure cocaine 14 is almost a specific. Nitro-glycerine is also excellent.

Dr. Brickley: I cannot recommend the bichloride in a spray of $\frac{1}{1000}$ as recommended by Dr. Yeagley. It is entirely too strong and great danger attends its use.

Dr. J. C. Lingle, of Middletown then read a paper upon "Our Homœopathic Medical Society." It was very gratifying to him to be permitted to associate with a body of men whose pride is not contained in a creed, but whose interests are those of suffering humanity; whose worship is the law of truth; whose school is boundless nature; and whose teacher is reason fortified by observation and experience.

Drs. Dehoff and Broun commented upon the excellent paper presented and maintained that Homœopathy had nothing to fear from the Old School either intellectually or otherwise; that in number we are rapidly gaining upon them, and in the successful application of drugs in disease we are their superiors.

Dr. J. Ross Swartz, of Harrisburg, then read an able article upon "Some

Diseases of the Nose." In acute rhinitis camphormono-bromate usually aborts if taken in time. Kali brom. is an excellent remedy for those who "are continually taking cold." Cleanliness is the principal factor in the treatment of hypertrophic rhinitis. The hypodermic injection of a solution carbolic acid, iodine, etc., into a polypus will shrivel it so that it can be blown out in a few days. Sabadilla seems to give the most relief to patients suffering from hay-fever, while a spray of cocaine affords temporary relief. Drs. Brickley, Yeagley, Keller, and Safford discussed the paper to some length.

Harrisburg was then chosen for the next place of meeting, the president appointing Dr. Chas. Wagner, Hanover, Dr. G. M. Hoover, Mechanicsburg, and Dr. J. W. Dehoff, York, to prepare papers for the next meeting.

The Society then adjourned to meet in Harrisburg on the second Tuesday of July.

S. G. A. BROUN, M.D.,
Secretary.

THE MARYLAND HOMŒOPATHIC MEDICAL SOCIETY closed its annual meeting the evening of May 16th. The order of business of the meeting of the Society, according to the program, called for the election of officers after all the reports of the officers, the committees; and the sections had been made. The following officers were elected: President, Dr. U. A. Sharretts, of Frederick; First Vice-President, Dr. H. W. Webner; Second Vice-President, Dr. A. P. Stauffer, of Hagerstown; Secretary, Dr. W. Dulaney Thomas; Treasurer, Dr. N. V. Wright; Librarian, Dr. Clarence Nichols; Board of Censors, Drs. M. Hammond, Bartus Trew and J. H. Sherman, of Manchester.

At the session of the Society during the day papers on various technical subjects were read by Drs. O. Edward Janney, C. W. Weaver, George T. Shower, Eldridge C. Price, Milton Hammond, Charles F. Goodell, Cora B. Brewster, J. S. Barnard, Charles Leslie Rumsey, Henry Chandlee, Flora A. Brewster and Elias C. Price. At six o'clock the members of the Society visited the Homœopathic Hospital, on North Mount Street. They were met and received by Dr. J. Oliver Hendrix, the resident physician, and Miss M. Coonahan, the superintendent of nurses. After being shown through the building they were served with an excellent collation.

At night a meeting was held at the college in the interest of the Hahnemann statue, which is to be erected in Washington. The special committee from the Maryland society, consisting of Drs. Clarence Nichols, L. R. Palmer and Noah Jackson, reported progress in the work of soliciting subscriptions. Drs. Elias C. Price and Milton Hammond, members of the American Institute of Homœopathy, delivered addresses in honor of the Institute's fiftieth anniversary.

Before the final close of the annual meeting the following new members of the Society were elected: Drs. A. S. Atkinson, C. E. Downes, Mary H. Darrell, J. LeCompte Hooper, J. Arthur Clement, Donna A. Waldran and John A. Shower, of Baltimore; Joseph S. Garrison, Easton; William R. Andrews, Rockville; William M. Panebaker, Manchester.

NEW HOMŒOPATHIC MEDICAL COLLEGE, DENVER, COLO.—The Denver Homœopathic Medical College and Hospital announces that the first course of lectures, session 1894 and 1895, will commence October 3d, 1894.

The college officers and faculty are as follows: S. S. Smythe, M.D., Dean, Principles of Surgery; Eugene F. Storke, M.D., Registrar, Principles of Practice of Medicine and Climatolog; S. S. Kehr, M.D., Secretary, Ophthalmology, Otology and Laryngology; N. G. Burnham, M.D., Physical Diagnosis and Diseases of the Chest; B. A. Wheeler, M.D., Mental and Nervous Diseases; J. B. Kinley, M.D., Dermatology and Genito-Urinary Diseases; J. W. Anderson, M.D., Operative and Clinical Surgery; J. L. Alexander, M.D., Abdominal Surgery and Surgical Diseases of Women; W. A. Burr, M.D., Medical Diseases of Women; E. G. Freyermuth, M.D., Obstetrics; S. F. Shannon, M.D., Materia Medica; W. Cameron, M.D., Organon; E. H. King, M.D., and C. E. Tennant, M.D., Diseases of Children; G. S. Peck, M.D., and C. W. Enos, M.D., Ophthalmology, Otology and Laryngology; H. K. Dunklee, M.D., General and Descriptive Anatomy; J. H. Morrow, M.D., Demonstrator of Anatomy; J. C. Irvine, M.D., and R. M. Lyon, M.D., Physiology and Histology; C. E. Tennant, Jr., M.D., Chemistry and Toxicology; W. C. Allen, M.D., Orificial Surgery; C. N. Guyer, D.D.S., Dental Surgery; G. F. Dunklee, Attorney-at-law, Medical Jurisprudence.

NEW YORK STATE HOMŒOPATHIC HOSPITAL FOR THE INSANE.—By an act of the Legislature last winter provision was made for establishing on the property known as the "Collins Farm" in the town of Collins, N. Y., an institution for the care and treatment of those of the insane for whom homœopathic treatment is desired.

The board of managers, appointed under the provisions of the law, met July 13, at the Collins Farm premises, and effected a formal organization by the election of the following permanent officers: President, Dr. William Tod Helmuth, of New York city; Secretary, Dr. H. M. Paine, of Albany; and Treasurer, Mr. S. Lewis Soule, of Collins.

The managers, after a careful and critical examination of the 500 acres, every portion of which is susceptible of a high degree of cultivation, were more than pleased with the superior advantages, the development of which under proper management, will be made available for the purpose for which the property has now been set apart.

State Engineer Adams will in the course of a few days, have a topographical survey of the property made, the object being that of locating a thorough system of under-drains, the selection of suitable sites for the requisite buildings, the sources from which an abundant supply of potable water can be obtained, and for outlining the courses of projected walks and drives through the premises.

The capabilities of the place for the purposes proposed are far greater than its projectors had reason to expect, and when, through the aid of future legislation, appropriations are provided, an institution of largest dimensions can be built up and maintained on a basis of true and wise economy, and a degree of marked success alike gratifying and encouraging to its most ardent supporters.

INTERNATIONAL HOMŒOPATHIC CONGRESS.—*To the Editors of the Hahnemannian Monthly:* At the close of the Fourth Quinquennial International Homœopathic Congress, held at Atlantic City, U. S. A., in 1891, it was determined that the next meeting should be held in England. On this decision being reported to the British Homœopathic Congress of the same year, a committee of four of its members was appointed to co-operate with the Permanent Secretary in organizing the gathering. Its first report has

been accepted at the Congress of 1894, and the committee (with the addition of the President of the British Homœopathic Society) reappointed, with instructions to obtain adhesions and contributions.

In pursuit of this object we request your good offices towards interesting your readers in the proposed Congress by bringing the subject before them, and also towards making it known to the homœopathists of your city in such way as you may think best. We want promises of papers for discussion, and we want the formation of intentions to be present at the gathering—both to be made good when the time comes.

The exact date and place of meeting, with the office-bearers, etc., will be finally decided at the Congress we shall hold in September, 1895, and information thereof will be duly forwarded to you and published in the British homœopathic journals.

Hoping to hear from you ere long, and to find your services enlisted in the cause, we remain,

Very faithfully yours,

R. E. DUDGEON,

Chairman.

A. CLIFTON.

J. W. HAYWARD.

A. C. POPE.

R. HUGHES.

Secretary.

All communications to be addressed to the Permanent Secretary of the Congresses, Dr. Hughes, Brighton, England.

Report of Committee.—The Committee appointed by the British Homœopathic Congress of 1891 to organize the Fifth Quinquennial International Homœopathic Congress presents the following recommendations:

1. That the Congress shall assemble in London at such time and during such number of days as may hereafter be determined.

2. That this meeting take the place of the annual British Congress, and that its officers be elected at the Congress of the preceding year; the International Congress being free to elect Honorary Vice-Presidents from those foreign guests and others whom it desires to honor.

3. That the expenses of the meeting be defrayed by a subscription from the homœopathic practitioners of Great Britain, the approximate amount to be expected from each to be named as the time draws near.

4. That the cost of printing the *Transactions* be met by a subscription from all who desire to possess a copy of the volume.

5. That the Congress shall be open to all qualified to practice medicine in their own country.

6. That all who attend shall present their names and addresses and a statement of their qualifications, and, if unknown to the officers of the Congress, shall be introduced by some one known to them, or shall bring letters credential from some Homœopathic Society or other recognized representative of the system.

(a) That members of the Congress, as above characterized, shall be at liberty to introduce visitors to the meetings at their discretion.

7. That the Committee be authorized to enter into communication with physicians at home and abroad to obtain:

(a) A report from each country supplementary to those presented at previous Quinquennial Congresses, recounting everything of interest in connection with homœopathy which has occurred within its sphere since its last report was presented.

(b) Essays upon the various branches of homœopathic theory and practice for discussion at the meetings and publication in the *Transactions*.

8. That all essays must be sent in by January 1, 1896, and shall then be submitted to a Committee of Censors for approval as suitable for their purpose.

9. That the approved essays shall be printed beforehand and distributed to such members of the Congress as may apply for them, instead of being read at the meetings.

10. That for discussion the essays shall be presented singly or in groups, according to their subject-matter, a brief analysis of each being given from the chair.

11. That a member of the Congress (or two, where two classes of opinion exist on the subject, as in the question of the dose) be appointed some time before the meeting to open the debate, ten minutes being allowed for such purpose; and that then the essay, or group of essays, be at once opened for discussion, five minutes being the time allotted for each speaker.

12. That the Chairman shall have liberty, if he sees that an essay is being debated at such length as to threaten to exclude later subjects of importance, to close its discussion.

13. That the authors of the essays, if present, shall have the right of saying the last word before the subject is dismissed, ten minutes being granted them for this purpose.

14. That the above circular let-

ter be printed and sent to all editors of journals, secretaries of societies and deans of colleges throughout the homœopathic world, soliciting their interest and co operation.

THE TWENTY-EIGHTH ANNUAL CONVENTION OF THE MAINE HOMŒOPATHIC MEDICAL SOCIETY was held in Augusta, June 5th., among those present being Drs. J. M. Prilay, and W. F. Shepard, of Bangor; C. M. Foss, of Dexter; and A. L. Harvey, of Newport.

The convention was called to order in the parlor of the Augusta House, by president Gannett. Prayer was offered by Rev. J. F. Livingston. The roll of membership was called and then followed a brief address by the president, Dr. J. C. Gannett, of Yarmouth.

A committee was appointed to examine the accounts of the treasurer, and reported that they were found to be correct. Dr. W. Scott Hill, of Augusta, was elected treasurer, to fill the position made vacant by the resignation of Dr. A. C. Paul, of Solon, who has removed from the State. Subscriptions were received towards the monument being erected in memory of the founder of homœopathy. Dr. Sherman, of Boston, a member of the Massachusetts Homœopathic Medical Society, was in attendance, and read an interesting paper on "Observations of Forty-three Years' Experience in the Study and Practice of Medicine."

Dr. W. F. Shepard, of Bangor, offered the following:

Mr. President and members of the Maine Homœopathic Medical Society: The painful fact having come to our knowledge of the serious condition and illness of our esteemed and worthy brother, Dr. W. L. Thompson, in behalf of the Society as a whole, and individually, I would move that our sincere sympathy and heartfelt regret be extended to him. Our remembrance of his loyalty to, and love for our organization, is only deepened and strengthened by his kindly greeting to us to-day, and it is our wish and prayer that he may yet be granted returning health and strength with which to aid us in the future, as in the past, with his genial presence, wise counsels, and thoughtful consideration.

An interesting paper on "Pulmonary Tuberculosis, and its Treatment by Tuberculinum," was read by Dr. A. L. Harvey, of Newport.

Two members have died during the year, Dr. F. A. Gushee, of Appleton, and Dr. N. G. H. Pulsifer, of Water-

ville, a well known physician and politician. Eulogies were read in memory of these: Dr. D. C. Perkins, of Bockland, read one in memory of Dr. Gushee, and Dr. W. E. Fellows, of Bangor, prepared a fine paper in memory of Dr. Pulsifer, and Dr. J. M. Prilay, of Bangor, read it.

The following were elected officers: President, E. F. Voss, M.D., Portland; First Vice-President, W. S. Thompson, M.D., Augusta; Second Vice-President, J. M. Prilay, M.D., Bangor; Recording Secretary, Cora M. Johnson, M.D., Skowhegan; Corresponding Secretary, R. H. Pulsifer, M.D., Skowhegan; Treasurer, Solon Abbott, M.D., Biddeford.

Dr. W. E. Fellows, of Bangor, was appointed delegate to the Massachusetts State Society, and Dr. W. F. Shepard to the Rhode Island.

The next meeting will be held in Augusta, on the first Tuesday in June, 1895.

HOMŒOPATHIC MEDICAL SOCIETY OF NORTHERN PENNSYLVANIA.—The annual meeting of the Homœopathic Medical Society of Northern Pennsylvania was held Thursday, June 28th, at the Kittatinny House, Delaware Water Gap.

The first business in order was a sumptuous repast, which all enjoyed, after which the annual meeting was called to order by the president, Dr. Heilner, of Scranton. He made a practical address, suggesting closer unity of feeling and action among the members of the society, and urging strenuously the necessity of a homœopathic hospital to be erected in this section of the State. It was suggested that the State legislature might make an appropriation aided by individual gifts.

An election of officers for the following year then took place which resulted in the choice as President of Dr. Vanbergen, of Green Ridge; Vice-President, Dr. Day, of Carbondale; and Secretary and Treasurer, Dr. Anna Clarke, of Scranton.

THE CANADIAN INSTITUTE OF HOMŒOPATHY met at 10 o'clock July 4th, in Grace Hospital, Toronto, Ont. In the absence of the president, Dr. D. Ogden Jones occupied the chair. There were present also Drs. Evans, MacDonald, Emory, Hearn, Tyrrell and Baldwin. Papers were read in the bureaus of gynaecology and obstetrics and clinical medicine by Drs. Jones, Emory, Evans, MacDonald and Hearn.

The election of officers was held, resulting as follows: President, Dr. E. T. Adams, Toronto; Vice-President, Dr. D. J. Sinclair, Woodstock; Secretary-Treasurer, Dr. W. W. Baldwin, Toronto.

At 12.30 Dr. Emory moved that, as the outside members were obliged to leave, the meeting should be adjourned and the remaining papers read at the meetings of a Toronto society, which it was proposed to form. The proposition was received favorably by the meeting, and the secretary of the institute, Dr. Baldwin, was elected secretary pro tem. of the new society. This society which will meet monthly to discuss matters relative to homoeopathy, will hold its first meeting in Grace Hospital on Wednesday, July 18th.

BROOME COUNTY, N. Y., HOMOEOPATHIC SOCIETY.—The annual meeting of the Broome County Homoeopathic Society was held June 20th, at the Arlington Hotel, Binghamton. The election of officers resulted as follows: President, Dr. H. D. Baldwin; First Vice-President, Dr. C. I. Haines; Second Vice-President, Dr. Geo. J. Jenkins; Secretary and Treasurer, Dr. C. W. Adams; Censors, Drs. Geo. F. Hand, C. A. Ward and L. A. Martin.

The program of the meeting was carried out. It included an address by the retiring President, Dr. McGraw, a clinic by Dr. Snyder and an interesting paper on typhoid fever by Dr. Jenkins.

MINUTES UPON THE DEATH OF DR. DAYFOOT.—The medical and surgical staff of the Rochester Homoeopathic Hospital adopts the following minutes:

The members of this body with profound grief have learned of the death of Dr. Herbert M. Dayfoot.

Dr. Dayfoot's mature life was passed in the practice of medicine in Western New York, and his greatest success was earned in Rochester. He was in intimate association with the physicians of this city and vicinity for years, and was active in securing the organization, as he has since been in advancing the interests of the hospital which we represent.

Meeting him, as we have done, under all the trying circumstances of his general, special, and hospital practice, we are in a position to appreciate how great is his loss to the medical profession, the community at large, and especially to the Rochester Ho-

meopathic Hospital, involved in his death.

As his friends and associates we feel a sense of personal bereavement which can not be expressed. He was a man of the highest principle and of remarkable attainment. Clean of thought and ready of service, his gentle and manly spirit forbade any deviation from the path of duty which lies before the conscientious physician and his rare skill was at the service of deserving need as promptly as to the call of suffering wealth.

This simple expression of what we know and feel is to be entered upon our records, and a copy conveyed to the widow of our associate.

J. W. BUELL,
J. M. LEE,
M. H. ADAMS,
C. R. SUMNER,
E. J. BISSELL,
Committee.

RESOLUTIONS OF MONROE COUNTY, N. Y., HOMOEOPATHIC SOCIETY on the death of Dr. Dayfoot.

Whereas, We, as a society, have met with a great bereavement in the death of our honored colleague, Dr. Herbert M. Dayfoot, and fully realizing that in his demise we have lost a warm and faithful friend, a valued associate, a wise counselor and an accomplished member of the profession,

Resolved, That the Homoeopathic Medical Society of the county of Monroe, place upon record the tribute of its appreciation of his sterling worth, his genial spirit, uniform courtesy, and his medical attainments.

Resolved, That we express our heartfelt sorrow in his unexpected death, which comes not only as a loss to this society but to this community in which he lived and practiced.

Resolved, That we tender his afflicted family an expression of our profound sympathy in their great sorrow.

Resolved, That a copy of these resolutions be sent to the bereaved family, to the daily press, to the medical journals, and that they be spread upon the minutes of this society.

THOMAS O. SPENCER,
EDWIN H. WALCOTT,
W. S. RAMBO,
T. C. WHITE,
P. W. NEEFUS,

Committee.

TWO OF THEM.—*Cuckoo*—That was an appropriate reply that Wine-bidder made when the doctor told him he was the father of twins.

Bunting—What did he say?

Cuckoo—"The deuce!"—*Puck*.

HARPER MEMORIAL HOSPITAL AND DISPENSARY, OF PHILADELPHIA.—The Harper Memorial Hospital and Dispensary statement of cases treated at this dispensary during month of April, 1894: General medical, 141; chest diseases, 101; eye, ear, nose and throat, 69; surgery and genito-urinary diseases, 59; gynaecology, 14; outdoor visits, 29. Total, 413.

Dr. William Spencer, 1523 Girard Avenue, has been elected to serve as oculist, and Dr. L. Willard Reading, 1629 Green Street, as electrician and gynaecologist to this institution.

Department of Dentistry has just been newly opened in charge of Dr. Wm. Ziesel, cor. Franklin Street and Columbia Avenue.

Donation Day was observed on May 7th: many friends to the Harper responded.

THE NORTHWESTERN OHIO HOMŒOPATHIC SOCIETY.—A number of Homœopathic physicians from Northwestern Ohio met in the opera house, June 27th, at Presque Isle, for the purpose of organizing an association. The meeting was called to order by Dr. Rall, of Toledo, and Dr. Rhonehouse, of Maumee, was made temporary chairman.

The attendance was very large, and many letters were received from physicians who could not be in attendance.

After the adoption of the constitution and by-laws, the following officers were elected:

President, Dr. A. F. Scheble, Toledo; First Vice-President, Dr. Jackson, Bucyrus; Second Vice-President, Dr. Boice, Toledo; Secretary, Dr. Roll, Toledo; Treasurer, Dr. Rhonehouse, Maumee; Censors, Drs. Strong and Simmons, Toledo, and Dr. Gilleerd, of Port Clinton.

It was decided to hold meetings twice a year, and the next one will be held in Toledo the second Tuesday in December.

THE HOMŒOPATHIC MEDICAL SOCIETY OF SOUTH DAKOTA held its annual session, June 14th, at Huron. The next meeting will be held at Madison.

The election of officers for the ensuing year resulted as follows: President, Dr. C. N. Hoyt, of Pierre; Vice-President, Dr. G. H. Fulford, of Sioux Falls; Secretary, Dr. William Lowe, of Wentworth; Treasurer, Dr. J. A. Baker, of Mitchell.

A resolution was adopted condemning the action of Gov. Sheldon for refusing to appoint a homœopathic

physician on the State Board of Health, declaring that such refusal was for political considerations.

Dr. Hoyt, of Pierre, president of the Society, delivered an address. Several new members were admitted. Papers by Dr. William Lowe, of Wentworth, on surgery, and Dr. J. A. Baker, of Mitchell, on obstetrics were the features of this morning's session. A legislative committee was named consisting of Dr. O. N. Hoyt, of Pierre, Dr. G. H. Fulford, of Sioux Falls, and Dr. William Lowe, of Wentworth.

MADISON COUNTY, N. Y., HOMŒOPATHIC MEDICAL SOCIETY.—The thirtieth annual meeting of the Madison County Homœopathic Medical Society was held at Oneida in the office of Dr. A. E. Wallace, on Tuesday afternoon, June 26th. The special paper of the meeting was an exhaustive treatise on appendicitis by Dr. Byron R. Gifford, of Madison, giving the medical treatment as originated by Dr. M. O. Terry, of Utica. Dr. Terry has treated twenty-six cases of appendicitis by his method either as counsel or in his own practice without a death.

Officers for the ensuing year were elected as follows: President, Dr. E. C. Bass, Cazenovia; Vice-President, Dr. B. R. Gifford, Madison; Secretary and Treasurer, Dr. J. T. Wallace, Oneida; Censors, Drs. A. E. Wallace, Oneida, G. B. Palmer, East Hamilton, and E. N. Coon, DeRuyter; delegate to State Medical Society, Dr. J. T. Wallace, Oneida. It was decided to hold the semi-annual meeting at Earlville on the second Tuesday of October, and the next annual meeting at Oneida, in June, 1895.

PERSONAL.—Dr. E. R. Snader, of Philadelphia, is travelling in Europe for six or eight weeks' vacation.

Dr. E. Fornias, of Philadelphia, sailed for Europe, July 19, 1894.

Dr. J. J. Whelin, Hahnemann, '93, has located at 4353 Paul Street, Frankford, Philadelphia.

MARRIED.—Dr. Samuel F. Shannon and Miss S. Bertha Jacques at the Central Presbyterian Church, Denver, Colo., Tuesday, June 26, 1894.

Dr. Clarence A. Hull and Miss Bessie M. Perry, were married at Dunmore, Penna., Tuesday, July 10, 1894.

PRACTICE FOR SALE.—The practice of the late Dr. E. Z. Schmucker, of Reading, Pa., is for sale.

THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

SEPTEMBER, 1894.

CONTENTS:

	PAGE
Macrobiotic; or, Our Diseases and Our Remedies. The Family Pocket Homœopathist.....	129
Announcement Extraordinary. Literary Note. Pamphlets. American Public Health Association.....	130
The Hahnemann Medical College of Philadelphia. Homœopathic Medical Society of Pennsylvania.....	131
South Central Pennsylvania Homœopathic Society. New Dispensary of Brooklyn Homœopathic Hospital Association.....	132
Rochester, N. Y., Homœopathic Hospital.....	133
Self-Protection.....	135
College Annex.....	137
American Institute of Homœopathy, Newport Meeting. Monroe County, N. Y., Homœopathic Medical Society. The Acids of Fruits.....	138
Cleveland University of Medicine and Surgery. Rhode Island Homœopathic Society. Western New York Homœopathic Medical Society.....	139
New York Examiners' Board. Clever Detection of Malingering Blindness. Schuylkill County, Pa., Homœopathic Medical Society.....	140
Albany County, N. Y., Homœopathic Medical Society. Southern Tier Homœopathic Medical Association. New Homœopathic Medical Society, Toronto, Ont. Evils of Vaccination.....	141
Lehigh Valley Homœopathic Medical Society. Flies and the Spread of Cholera. Cook County, Ill., Homœopathic Medical Society. Madison County, Ind., Homœopathic Society.....	142
Worcester County, Mass., Homœopathic Medical Society. Broome County, N. Y., Homœopathic Medical Society. Denison Inhaler and Exhaler. "Terrible," "A Wise Servant." Desirable Location. Feeding in Fevers.....	143
Obituary. "Much Afflicted." Personal.....	144

MACROBIOTIC; OR, OUR DISEASES AND OUR REMEDIES.—For practical physicians and people of culture. By Julius Hensel, Physiological Chemist. Translated by Prof. Louis H. Tafel, of Urbana University, Ohio. From the second revised edition. Printed in Leipzig. Published by Boericke & Tafel, Philadelphia, 1894. The profession will appreciate the enterprise of the publishing house of Boericke & Tafel for the placing within its reach an English edition of Dr. Hensel's famous work on "Macrobiotic." The author is a profound physiological chemist and his work is such a radical departure from the beaten track that it requires unbiased and thoughtful reading to appreciate its merits. It

has slowly commanded for itself the approval of many of the most scientific men of Germany and Austria and it will claim as supporters many of the English-speaking profession.

THE FAMILY POCKET HOMŒOPATHIST.—A concise Manual of Homœopathic Practice, and for families and travellers. By D. A. Baldwin, M.D., Englewood, N. J. Third edition. Rochester, N. Y., E. Darrow & Co., 1894. This valuable little work will prove of great service to the patients of homœopathic physicians summering in places without homœopathic practitioners. It gives enough information and yet not sufficient to confuse the judgment of the patient or his friends in selecting the remedy.

ANNOUNCEMENT EXTRAORDINARY.

In preparation, *The Homœopathic Text-Book of Surgery*, a splendid volume of about fifteen hundred pages, elegantly printed, profusely illustrated with colored and half tone plates and wood cuts, and substantially bound in leather and half morocco. An absolutely new book, complete in every detail, representing the science and art of surgery of to-day, liberally supplemented by the homœopathic therapeutics of surgery and surgical diseases, under the editorship of Charles E. Fisher, M.D.

LITERARY NOTE.—An important new book just announced is, "Practical Urinalysis and Urinary Diagnosis." A Manual for the Use of Practitioners and Students, with numerous illustrations, including colored photo-engravings. By Charles W. Purdy, M.D., of Chicago, author of "Bright's Disease and Allied Affections of the Kidneys," "Diabetes; its Causes, Symptoms, and Treatment," etc. A one-volume practical and systematic work of about 350 crown-octavo pages, in two parts, subdivided into twelve sections, and an appendix.

Part I. is devoted to the general subject of Analysis of Urine.

Part II. is devoted to Urinary Diagnosis.

In the Appendix is presented the highly important subject of Examination of Urine for Life Insurance.

This is the first American work of a comprehensive character for more than a decade in this department of practical medical science.

It has been the special aim of the author to furnish the student, physician, and surgeon, in one convenient volume, the essential features of our present knowledge of the urine and urinary diagnosis, thoroughly up to date, and in a systematic, concise, and practical form, so that students and practitioners who obtain this work will secure the fullest as well as the latest trustworthy information on this important subject, without the necessity of their procuring the larger and more expensive works.

The well-known house of The F. A. Davis Company, 1914 and 1916 Cherry Street, Philadelphia, will issue the work in September, 1894. The book will be first-class in quality of paper, presswork and binding, and the price most reasonable, namely, \$2.50 net in extra cloth.

PAMPHLETS RECEIVED.

A CASE OF CYSTICERCUS OF THE VITREOUS. By W. Cheatham, A. B., M.D., of Louisville, Ky.

THE REACTIONS OF NUCLEO-ALBUMEN (erroneously styled mucin) with the Commonly Employed Urinary Albumen Tests. The difficulty of distinguishing those reactions from those of serum-albumen, globulin, etc. By D. D. Stewart, M.D., Philadelphia.

REPORT FOR THE YEAR 1893-94, Presented by the Board of Managers of the Observatory of Yale University to the President and Fellows.

SEXUAL NEURASTHENIA.—By H. E. Beebe, M.D., Sidney, Ohio.

THE AUTOMATIC NERVOUS GANGLIA of the Female Pelvic Viscera. By H. E. Beebe, M.D., Sidney, Ohio.

ANNOUNCEMENTS.—The Homœopathic Medical College, of Missouri. New York Medical College and Hospital for Women. Kansas City Homœopathic Medical College. Boston University School of Medicine.

HOMŒOPATHY IN INDIA. No. 50, Homœopathic League tracts, London, England. Being an address by P. C. Majumdar, M.D., Calcutta, India.

THE EIGHTH ANNUAL REPORT OF the Homœopathic League. For the year ended 30th April, 1894. President, The Right Hon., The Earl of Dysart. Hon. Secretary, E. H. Laurie, Esq., 16 Blandford Square, N. W., London, Eng.

ONE HUNDRED YEARS OF BUSINESS Life, 1794-1894. Illustrated. W. H. Schieffelin & Co., New York. An interesting record of one of the oldest and most favorably known drug-houses of America.

ANNOUNCEMENTS. Chicago Homœopathic Medical College. Forty-seventh annual announcement of the Hahnemann Medical College and Hospital of Philadelphia, Broad Street above Race. Illustrated. 1894-1895.

WHERE TO SEND PATIENTS ABROAD FOR WATER CURES AND CLIMATIC TREATMENT.—By Thomas Linn.

THE PHYSICIAN'S LEISURE LIBRARY.—Price 25 cents. 1894. George S. Davis, Detroit, Michigan.

HEALTH.—A journal of Practical Hygiene, vol. i., No. 1. The Health Publishing Company, N. Y., promises to be a success.

THE AMERICAN PUBLIC HEALTH ASSOCIATION of the United States of America, the Dominion of Canada, and the Republic of Mexico, will hold its twenty-second annual meeting at Montreal, Canada, Tuesday, Wednesday, Thursday and Friday, September 25, 26, 27, 28, 1894.

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA starts off with its new departure of a compulsory four years' course of lectures, beginning October 1st, under a bright prospect of a large freshman class. The demand made by an increasingly intelligent laity for more thoroughly educated and better trained medical men is duly appreciated by all good medical colleges, and in none more so, than in the Hahnemann; for years it has striven not only to be up to the times, but to lead, if necessary, in its work of medical education.

To encourage a better standard of preliminary education before commencing the study of medicine she supplements the required entrance examination by an offer of a free scholarship to each of those literary colleges located near the city, viz., Swarthmore, Haverford and Ursinus. The applicant must have taken the degree of A.B. or Ph.D. and followed what is known as a preparatory medical course. The selection to be made by the college authorities from which he comes, and he will be admitted to the second year without examination.

A preliminary literary or scientific college education is considered to be of such importance and such help to a medical man that the faculty have taken this way of emphasizing their belief, and of encouraging a like training to all contemplating entering the medical profession.

The one year previously required to be spent in the office of a preceptor, while not required in the four years of college course, is still to be recommended when a preceptor has the time and disposition to make it a year of actual well-directed study, especially when the student has not had the advantage of a college training.

The course as planned and set forth in the annual announcement for this year, is a well-directed attempt to begin at the groundwork of a medical training, and then building upon each year a succession of upward grading, until a much better preparation is gained for the bedside and special clinical teaching in the fourth year.

The college has earned a well-deserved fame for its methods of practical teaching; this will be greatly increased by the time thus gained and by the increased building facilities made a year ago in anticipation of this increased demand for special clinical work. To the post-graduates who take the full fourth year course it is contemplated, allowing them to elect

two or more of the special clinical departments which will give increased time perfecting the study of his specialty.

A librarian whose love of books and knowledge of medical works is not surpassed by any one will be in frequent attendance to not only loan books to the student from a library of 8000 volumes, will be of great benefit in directing those who desire to begin in a well-ordered library. The assisting in this, will be a labor of love to Dr. Bradford.

The vacancy in the chair of chemistry, caused by the resignation of Prof. J. H. Hamer, M.D., has been filled by the appointment of Prof. Charles Platt, Ph.D., a chemist of large reputation, a recent student of Johns Hopkins University and of European laboratories.

He will also take personal charge of the laboratory and will include the subject of toxicology with his course of instruction, the opportunity of securing the full services of Prof. Platt is a most happy one and will doubtless be of great advantage to the students.

Without enumerating further the additions to faculty and facilities of this time-honored college, it is safe to say that with the increased time and facilities and a renewal of the energies of its old teachers, the college is about to enter on what promises to be the best year of its glorious history.

THE HOMŒOPATHIC MEDICAL SOCIETY, OF THE STATE OF PENNSYLVANIA.—The annual meeting of this society will be held in Philadelphia, at the Hahnemann Medical College on Tuesday, Wednesday and Thursday, September 18, 19, and 20, 1894. The physicians of Philadelphia, expecting an unusually large number of visitors, have arranged to entertain all visiting physicians and their ladies at the Bellevue Hotel, Broad and Walnut streets, on Wednesday, the 19th of September, at 8 P.M., a collation being served later in the evening. An innovation has been made in the appointment of a reception committee of ladies to receive and make at home the ladies who will attend the collation; the committee consisting of women physicians and the wives and daughters of resident physicians. The officers of this society are: President, Caleb S. Middleton, M.D., Philadelphia; First Vice-President, Z. T. Miller, M.D., Pittsburgh; Second Vice-President, Eliza Lang McClure, M.D., Philadelphia; Treasurer, J. F. Cooper, M.D.,

Allegheny City; Corresponding Secretary, E. R. Snader, M.D., Philadelphia; Recording Secretary, J. Richey Horner, M.D., Allegheny City, Neurologist, W. J. Martin, M.D., Pittsburgh, Pa.; Censors, Millie J. Chapman, M.D., Pittsburgh, Pa., Joseph E. Jones, M.D., West Chester, Clarence Bartlett, M.D., Philadelphia.

SOUTH-CENTRAL PENNSYLVANIA HOMOEOPATHIC MEDICAL SOCIETY.—

The regular meeting of the South-Central Pennsylvania Homoeopathic Medical Society convened at the Commonwealth Hotel, Harrisburg, Pa., July 10, 1894, at 12 o'clock M., the president, J. R. Swartz, M.D., in the chair. After the roll call the minutes of the previous meeting were read, approved and adopted. All physicians present who, as yet, were not members of the society, were then permitted to present their names to the Board of Censors. Six new names were thus added to those already members.

Dr. John H. Yeagley moved that the Constitution be so modified that the meetings could be held monthly instead of quarterly. This brought forth an animated discussion, after which it was decided that the resolution should be laid upon the table to be acted upon at the next meeting. At 12.45 o'clock the meeting adjourned for dinner. The afternoon session opened promptly at 1.30 o'clock.

The papers presented were: "Uterine Reflexes," J. W. Dehoff, M.D., York; "Chininum Arsenicosum," G. M. Hoover, M.D., Mechanicsburg; "Biliary Calculi," Charles Wagner, M.D., Hanover. Dr. Dehoff's paper, "Uterine Reflexes," was an exceptionally interesting one in which he maintained that an accurate diagnosis is essential to successful treatment, and that aurum mur. natronatum is to be especially thought of in the treatment of an hypertrophied cervix. Dr. Hoover's paper upon "Arsenate of Quinine," presented many valuable thoughts especially concerning its application in phthisis with night-sweats, chilliness and great prostration. Dr. Charles Wagner's paper on "Biliary Calculi" was received with interest because some members of the society, recently had considerable trouble and experience with that disease.

Each paper was followed by a general discussion, most of the physicians present participating.

The president appointed S. Ulrich, M.D., Middletown; J. H. Deardoff,

M.D., Mechanicsburg; and L. H. Stearner, M.D., Porter's Siding to prepare papers for the next meeting.

Since its organization in February, the growth and prosperity of the society has been phenomenal.

The society adjourned at 4 P.M., to meet again at Mechanicsburg, October the ninth.

S. G. A. BROWN, M.D.,
Secretary.

NEW DISPENSARY OF THE BROOKLYN HOMOEOPATHIC HOSPITAL ASSOCIATION.—A new dispensary was opened at No 133 Steuben Street, Wednesday, August 8th, by the Brooklyn Homoeopathic Hospital Association. This long-talked of institution will furnish free medical and surgical treatment to the poor and unfortunate applicants. The reputation of the physicians interested in the enterprise and the substantial character of its financial support promise success. There is every indication that the institution will be one which will reflect great credit upon the medical profession.

The dispensary will be in charge of Dr. Nathaniel Robison, of Nostrand Avenue and Hancock Street, who will be assisted by a staff of skillful physicians and surgeons. The building is a three story brick structure and is situated near Myrtle Avenue. Originally a common tenement house, it has undergone complete renovation and extensive repairs. Closets have been constructed, partitions knocked down and built up, and ceilings, walls, floors and stairs repaired.

Paint had been used freely. Bricks on the outside as well as every bit of wood inside the house glory in one or two coats of paint. The equipment is complete. All instruments needed for the performance of such surgical operations as will be undertaken are of the best make and the newest inventions. The druggist's department is up to date, and every appliance necessary for dispensary work has been obtained.

But the dispensary is only a beginning. Plans for the formation of a hospital are already far advanced, and in a few months managers of the Brooklyn Homoeopathic Hospital Association will be prepared to ask the support of the public for their project. Much aid has already been pledged, and a large number of influential men have been enlisted in the cause. As there are at present but three homoeopathic hospitals in this city, two of

which are exclusively devoted to special work, the members feel that in such a community of a million souls another will find staunch support. Their efforts in this direction have thus far met with every encouragement.

The medical staff of the Association consists of Drs. J. F. Atwood, G. H. R. Bennett, C. L. Bonnell, W. M. Butler, Edward Chapin, E. Hasbrouck, J. L. Keep, E. Miner, H. J. Pierron, Nathaniel Robinson, H. D. Schenck, W. S. Searle, H. M. Smith, A. G. Warner and Harrison Willis. Among the lay members of the corporation are: Messrs. A. C. Bedford, A. J. Pouch, Wesley C. Bush, George F. Elliott, B. S. Coles, F. W. Starr, D. P. Morse, Col. A. E. Lamb, F. C. Johnson, J. H. Graham, George Halbert, C. N. Finch, D. F. Maunings, C. W. Parker, H. T. Wing, Seth T. Stewart, J. C. Woodhull, R. P. Wilson, J. A. R. Studwell, H. C. Williams, H. R. Smith, H. S. Randall, Charles Rumph, F. E. Pearshley, G. H. Roberts, Jr., W. H. Platt, A. W. Parker, C. E. Newton, A. T. Martin, Walter Longman, John Hills, Henry Hentz, W. S. Carter, J. Tilden and William Ethrington.

The history of homœopathy in Brooklyn is most interesting. Recorded in detail it would fill many large volumes, and, at the best, much would still remain unsaid. Dr. W. S. Searle has reviewed the ground recently in an interesting article published in one of our magazines. The introduction of the new school of medical practice in Brooklyn is dated back to 1840. Dr. Robert Rosmon, of Hudson, N. Y., was the first homœopathic practitioner who brought the familiar sugar pellets and high potencies here. About the same time Dr. George Cox and Dr. David Baker moved to this city, and thus the new practice was established. Since then the growth has been steady and sure. In 1853, there were twenty-five local homœopathic practitioners, prominent among whom were Drs. A. Cooke Hull and Carroll Dunham. In that year the first dispensary was established, with a staff of ten physicians.

Some years later, Dr. Albert E. Sumner, then medical director of the dispensary, made heroic efforts to found a hospital. Strange as it may now seem, his homœopathic colleagues were by no means unanimous in desiring such an institution. The "pure Hahnemannians" opposed the project vigorously. Many of these were among the older members of the pro-

fession. But the old fogies only delayed what they could not prevent. Though they had abandoned surgery and were wedded to the doctrine of infinitesimals, some of them lived to see the triumph of rational homœopathy. The hospital became a fact March 3, 1873, Dr. Sumner being at the head of the medical staff. The "pure Hahnemannians" established the Maternity in the following year, but three years later abandoned the institution to their opponents. A nursery and training-school were soon inaugurated. From that time until the present the growth of homœopathy in Brooklyn has been rapid. Prominent citizens and leading society ladies have become interested in the institutions, and public contributions and endowments have been generous.

ROCHESTER, N. Y., HOMŒOPATHIC HOSPITAL.—The Homœopathic Hospital, now situated on Monroe Avenue, will soon remove to its elegant new home on Alexander Street. The new site was purchased from the Freeman Clarke estate in January of last year, and is the most spacious site occupied by any hospital in the State. The lot covers seven and one-half acres of ground in the centre of which stands the old Clarke homestead. This house has not been removed, but has been remodelled to suit the purposes of the hospital. At each of the front extremes of the premises there was a driveway, which formed a semi-circle in front of the residence. This driveway has been changed so as to pass around the house so that coal wagons and the ambulance may drive around to the rear and deposit their contents. On either side of the old residence a large addition has been made, each addition being a separate building and connected with the house, or main building as it is called, by a corridor. The additions are the gifts of Mrs. Hiram Sibley and Mrs. Don Alonzo Watson respectively. The one to the south of the main building is called the "Sibley pavilion," while the one to the north is called the "Watson pavilion," in honor of the donors. The pavilions are nearly completed and cost about \$16,000 each. They have no entrance from the front, as it was thought that patients would be running in and out by way of these, so it was deemed best to have but two entrances, one from the rear of the yard and the other from the original building by way of the corridor. The pavilions are two stories in height and have verandas across the front of both stories.

The basement of the Sibley pavilion will be used as the dispensary department. The first floor is taken up chiefly with private rooms. In the southeast portion there are eight private wards, each containing four beds. These are for persons who can afford to pay only for the care they receive and nothing more. There will be a bathroom, and an office in which the head nurse can write her orders.

In this respect, as well as in the matter of electric bells, gas, electric lights, and a system of telephones from each ward, both pavilions will be the same. Each of the telephones will be equipped with a switch, by operating which they can talk to the office, operating room, or any part of the building. In the front part of the upper stories, there will be six beds, which will be separated from the rear half of the floor by an open corridor. In the northwest portion of this floor will be a kitchen, where food can be brought and kept warm by steam tables. There is a stairway at the end of the corridor, and also an elevator running from the basement to the second floor.

The front part of the ground floor of the Watson Pavilion will be the women's ward; the walls are hollow, being constructed of two rows of brick with a space of eighteen inches between them. The air is constantly being changed, there being air-shafts running to the roof through which the air passes. The whole front of the Watson pavilion will be temporarily divided by a partition for the medical and surgical departments. This will be necessary till a new building can be erected for this purpose to the north of the Watson pavilion. There will be on this floor a room to be known as the quiet room, which will be used for patients who are very seriously ill, and likely to expire at any moment.

In the Sibley pavilion, each patient will have a separate ward, so there will be no dining hall, but the Watson pavilion will have to be supplied with a dining room. The second story of this pavilion will be utilized for men only, while the first story will be devoted exclusively to women. The basement, which has cement floors, will not be put to any particular usage, but will contain the water and gas pipes, and other apparatus. There is a corridor running east and west, which will be used for those who do not wish to go into a ward. It has eleven rooms, but these are only for temporary use. The operating room will be on the ex-

treme rear portion of this building, and will be reached by a long corridor. There is a balcony in it for students and doctors who may wish to witness the operation. There will be a glass skylight, and the windows will be of ground glass. There will be the usual adjoining room for the private use of the surgeons.

The stairway leading to the balcony is of iron. Back of this room is the accident ward, which has an entrance to the yard, to which the ambulance may drive up and deliver its charge. To the south of the operating room will be the room where the patients are bathed and cleanly clothed before being taken to a ward. Next to this will be a room in which the anæsthetics are administered to persons about to undergo operations, and opposite this is a room in which they are placed until they recover from the effects.

To the south and connected by a corridor extending from the second floor is the kitchen. There is a division in it, one portion being set apart as a dark kitchen, where the broths and soft foods are prepared, and the other for the regular kitchen work. The kitchen will have a tile floor and will be fire-proof. To the south of it will be the refrigerators and the rooms for preparing and putting up fruit. Above the kitchen will be the sleeping apartments of the servants. The rooms are fifteen in number. Beneath the kitchen is the boiler room, from which extends a chimney one hundred feet in height. The servants' dining hall will be off from the kitchen.

To the south of the boiler room is the laundry, which will be equipped with steam washers and mangles. There will be a folding room, ironing room, and two drying rooms. The laundry will have the capacity of doing work for two hundred and fifty persons. The boiler room contains three engines of sixty horse-power each. A separate building will be erected to the north of the Watson pavilion, to be used as the morgue and contagious ward.

The original building will not receive many alterations. The front room down stairs will be used as the office, and back of it will be two reception rooms and the nurses' room. The rest of the down stairs will be taken up by two dining halls and a pharmacy. Up stairs will be the nurses' retiring rooms, each room having from two to three beds. There is also a room in which nurses receive their instruction on this floor.

The building which the hospital has occupied since September 15, 1889, is now offered for sale. If it can be sold for what it is really worth, being situated in one of the finest localities in the city, the hospital will be free from debt. The only objection found with the building was that it was inadequate for the demands of the hospital. It contained but forty-five beds, which were occupied nearly all the time, and applications for beds have been on file two or three weeks at a time before the patient could be accommodated.

The new building has a quiet situation, as though it were in some country spot. The furnishings will be simple, but will be such that the patient will feel at home. The library of the late Dr. Dayfoot, which was given to the hospital by Mrs. Dayfoot, will be placed in the large reception room in the main building. The buildings are now receiving their third coat of paint. When finished, they will be a species of drab in color, with Medina stone trimmings. The buildings will be ready for occupancy within a short time.

SELF PROTECTION—First—Trials of a Physician.—Certainly it would be unbecoming in me to undertake to detail to the readers of this article that with which they are so familiar, viz.: the events that go to make up the daily life of an active physician. The loss of sleep and rest, the physical and mental strain and worry over our cases, the suffering we witness, the wretched conditions, mentally and physically, of mankind, scenes from the extreme of poverty to the extreme of wealth, of evil and crime to the most heroic martyrdom; and the inconvenience of always being at the beck and call of the people.

Is it any wonder that with such a menu the mortality is so much greater among physicians than of any other profession.

These are trials we cannot dispense with, and which as conscientious men we will not shrink from, but continue using all the means at our disposal for the relief of the suffering.

The object of this paper is to bring before the profession a trial which weighs heavier on some of us than all others mentionable, and the remedy for which is in our hands if we will but apply it.

I mean that of finances, which is no less a worry to physicians than to other professional and business men.

Second—Value and Worth of Physicians to the People.—Who can estimate the true value and worth of a physician to a community? Surely not the physician himself? Yet with the evidence before us, taking it up link by link, we find that though he is not a politician and thus courted for political favors, yet he is sought after and his advice and opinions requested by every person at some time or other.

He is the Peter of our physical heaven, carrying the keys of the gateway to health.

There is not a community without a physician, or some one to look after the sick and injured. No ship sails the seas without her surgeon, no expedition ever starts on an exploring tour unattended by a man of medicine. Nearly all towns have their Board of Health, the head of which is, directly or indirectly, a competent physician. The people of every State have asked for and received a State Board of Health, which with the local boards have direct supervision of all sanitary conditions and things pertaining to the welfare and health of the people, and to whose dictum they freely submit feeling that the conditions conducive to health are being bettered.

During our recent cholera scare the government found it expedient to appoint a national quarantine board whose efficient work with that of the State boards, have once more prevented an epidemic on our shores of that dreaded scourge.

Thus is the last link added and the chain is complete, making him the one power sought after for health and life, and fully established his worth and value to the nation, State, communities, family and individual.

Third—Reverenced and censured.—What a thrill of pleasure every physician has experienced at the favorable turn of a critical case.

A case that through the prominence of the man has elicited the attention of the entire community, possibly of the State and nation. He has labored mentally and physically to bring about this favorable result. He is besieged on all hands and at all times by anxious friends and relatives as to the condition and ultimate outcome of the case. His character and ability are discussed by his adherents and others. The many good and bad things said about him would fill volumes.

How happy he feels on being able to bulletin to those interested a final triumph over the disease. All the

world seems at peace with him. Even the ones loudest in denouncing his ability have reversed steam and speak of him in terms of praise.

But can the physician live on praise and glory? True, he comes as near it as any one, but even with him it is a sad failure. He has bills to meet, he must dress respectably, fit for all society and all weather: house and office rent and all expenses thereto attached, and the payment of which is not the least of all his cares, for as a rule he is a poor collector. Lately his time has been fully devoted to a few very serious cases, and he is now feeling jubilant over his most critical and important case; and while the praises of the people are yet warm on their lips, he is trying to collect from some delinquent to him for one, two, three or more years, that which was honestly earned and which is now needed to pay for the actual necessities of life.

How soon their praises end, and he is censured and denounced as being a doctor for revenue only.

A physician they say if competent will get his pay; besides he earns his money easily and can afford to lose some and wait years on the balance.

How soon are good deeds forgotten. As soon as a physician goes to collecting he is only a common man and he loses prestige.

Fourth—Subjects of public opinion and customs.

Public opinion says that a physician is an administrator to the public of things pertaining to health, and that he must go when called. That we must not stop to consider whether our services are to be paid for or not. We must relieve the suffering for suffering humanity's sake, and if we are not paid here will get our reward in the hereafter.

Many a poor, hard-worked, conscientious physician is thus consoled, and cannot get sufficient ahead to take a much needed rest.

Let each reader of this article be candid with himself and admit to just what extent he is knowingly subjected to public opinion in the matter of dead-beat work and poor collections. He will admit to visits almost innumerable where he knew before going that he would get no pay; of emergency cases by the score, wherein his services could not be estimated by dollars, from which he received nothing; and why? because they would not pay and property was in wife's name; man getting good wages but spends it all for other purposes.

What a generous public we are serving.

They demand that we be charitable in our work.

Say that the poor must be doctored as well as the rich, and demand and even go so far as to try to compel us by law to be subject to all demands.

It is not my object to censure the worthy poor, nor the physician that administers to them.

I never have refused to do work for a worthy poor person, and never will, but how much better could we afford to be charitable in this way if we were paid by those that are able to pay but do not.

We do not as physicians fare so well as the medicine man of the Indians and heathen countries, for there he is big man and everything is subject to his will. While in this delightful country of the free and the home of the brave we are granted the one boon of being exempt from military and jury duty.

We are forced by public opinion and our careless habits of catering to it, to doctor all classes. Every case thus becomes an emergency case to a certain extent, for to be of service we cannot take time to look up references as to a man's financial standing, but hasten to do the duties of our profession. We then accept the case and are held to answer under the law for its proper management and treatment.

Fifth—Plea for protection.—Considering the trials and hardships of a physician's life; the fact that his life is thus rendered shorter than lives of other professional men; that the necessity of his being, his worth and value to individuals, communities, states and to the nation being established; that he is not only almost revered on the one hand but ridiculed and censured on the other; that we are tied down by public opinion and customs for which we are to blame by our careless indifference; and last but not least the fact that very few physicians amass any great property outside an insurance policy, and thousands of dollars of book accounts, which latter, with his death becomes utterly useless; considering these things is it not time we as a profession were demanding our rights under the law, or rather demanding a law under which we can get our rights.

Instead of resting with the laws we have governing the practice of medicine, let us look more directly to the enactment of a further law that will

help us financially and help us to collect our reasonable and legitimate fees.

Why should an undertaker's bill be a preferred bill? Simply because they have demanded it.

Which is the more urgent, trying to save life, or burying the dead?

What we should ask for is a special physicians' garnishee law under which we could attach a certain per cent. of a person's wages every pay day.

We could then secure our own, and feel as independent as our fellow-creature the lawyer, who is given to protecting himself first and last.

Let this matter be taken up by every State society, referred to their committee on legislation with instructions to frame a bill and present to the next legislature, embodying such measures as will protect us from fee losses.

J. E. MANN, M.D.

Butler, Pa.

COLLEGE ANNEX.—Ground was broken on August 12th for a large annex to the two homœopathic institutions, the Cleveland Medical College and the Cleveland University of Medicine. The board of trustees of the two institutions met August 11th and took final action upon the subject, which has been under consideration for some time. The two institutions will go into the enterprise on an equal footing, each undertaking its respective proportion of the expenses and each sharing alike in the benefits to be derived from the enterprise.

The building is to be a four-story structure of brick and iron. It will be fire proof and is intended to double the present capacity of the hospital facilities of the two colleges. It will stand directly between the Cleveland Medical College on Bolivar Street and the Cleveland University of Medicine and Surgery on Huron Street. The advantage of such a location is found in the fact that patients may be taken from the amphitheater of either institution into the annex without exposure. The building will stand in proximity to each of the two institutions. The annex will have a capacity of eighty beds, thus doubling the present capacity of the hospital. It will contain a library, a dormitory for nurses, an emergency operating room, a lying-in-ward and a mortuary room in addition to the usual facilities and accessories.

The enterprise which has just been launched has been undertaken with assurances of its complete success. It has been long talked of, but just realized. Assurances of substantial financial support have been made by

Mr. M. A. Hanna, Mr. J. H. Wade, Jr., and other capitalists of the city. The board of lady managers of the colleges have also rendered great assistance to the enterprise by their personal efforts in its behalf. Mrs. D. P. Rhodes, Mrs. Calvary Morris, Mrs. S. M. Strong, Miss Hilliard and Mrs. William Edwards have all been enthusiastic in forwarding the enterprise. It was not until recently, however, that the board of trustees saw their way clear to commence the work.

The construction of a large hospital annex is the result of natural causes. The present hospital facilities are inadequate to existing requirements. There are many needs which the hospital management feel that they could better afford to patients with enlarged apartments. The tremendous number of patients which have been treated at the college is growing each year. The fact that the number of charity patients is growing largely is also a condition which the trustees have been forced to meet in a practical manner. During the past year out of 931 patients received 386 were charity patients. This class is growing each year and in view of the fact that the management cannot turn indigent cases from the doors, they have found but one alternative, and that is to enlarge. The death-rate of patients at the hospital last year was $3\frac{1}{2}$ per cent. of the number admitted.

One of the features of the annex will be three railroad wards. These will be occupied exclusively by victims of railroad accidents. Especial arrangements have been made with railroad companies to accommodate such of their injured employees as it is convenient to send to the hospital of the two colleges.

The annex will be erected at an expense of \$25,000. The money which is to build the structure will be raised by subscription and donation. Heavy financial men have already given pledges that the enterprise shall be seen safely through. The acceptance of the contract for the building of the structure is an evidence that the major portion of the expense has been guaranteed already. The building is to be ornamental and when constructed its promoters say will be second to no hospital in Ohio in equipment and facilities.

As stated heretofore, the two colleges are in the undertaking on an equal footing. The annex will be managed on the same plan as the present hospital and by the same officials.

AMERICAN INSTITUTE OF HOMŒOPATHY. NEWPORT MEETING.—The First Baptist Meeting-house, Newport, R. I., has been engaged by the Local Committee of Arrangements for the use of the American Institute of Homœopathy in June next. This is a plain white wooden structure of the type so frequently found in the rural districts of New England, having been erected nearly half a century ago. (The church itself was constituted in 1638.) Its sittings, however, are comfortable and probably ample, for one thousand persons can be accommodated in its audience-room without difficulty. This will be reserved for the use of the Section in Ophthalmology, Otology and Laryngology for two full meetings. The large vestry is supplied with comfortable chairs seating three hundred and fifty people at least—an attendance which few, if any, sections ever exceed. The small vestry, which has a separate entrance from the churchyard as well as from the large vestry, can conveniently care for a hundred and fifty visitors (this is for sections holding sessions on the sly) while a committee room large enough to receive the Senate of Seniors or the Intercollegiate Committee will afford ample accommodations for the treasurer and registrar. The two most honorable bodies above referred to will probably be assigned special parlors at the Ocean House. Minor committees will be cared for there also. It will be noted that while there is sufficient space in this meeting-house to fulfil the demands of the Institute in its entirety as well as in its integral parts there is no room within its walls for anything tending in the least to distract the members from the object for which they are assembled—the transaction of business pertaining to the Institute and to the promotion of medical science. Social features will be provided for at the Ocean House.

MONROE COUNTY, N. Y., HOMŒOPATHIC MEDICAL SOCIETY.—At the quarterly meeting of the Monroe County Homœopathic Medical Society, July 17th, a committee, consisting of Drs. P. W. Neefus, L. B. Hawley and H. W. Hoyt, was appointed to co-operate with the members of the county society of the allopathic school in securing the enforcement of the law relating to illegal practitioners. The law is severe, and provides, in the event of a conviction, a heavy fine and imprisonment. Under a law in this State for many years, all that it was necessary for a person to do to prac-

tice in any city or town was to file his diploma in the office of the county clerk where he resided, and have a record made of it. Under the laws as recently amended, this is no longer sufficient, as all physicians now are obliged to have their diplomas certified to by the officers of the board of regents, and the documents must bear the official stamp of the board. In case physicians cannot show that they are graduates of some medical school, they will be obliged to pass an examination before the examiners of the State board before practicing. Medical societies in other counties of the State have been at work against illegal practitioners for years with good results. Convictions have been obtained in Onondaga County through the efforts of the Onondaga County Medical Society and the district attorney, and indictments have been found against others, who disappeared after having given bail.

Dr. W. H. Curtis and Dr. F. B. Seitz were elected members of the society. Papers were read on "Enterocolitis," by Dr. M. Sherman Ricker; "Placenta," by Dr. Louise F. Chamberlayne; "Idiopathic Peritonitis," by Dr. O. S. Bamber. The discussions were opened by Dr. Julia F. Sherwood, Dr. E. H. Wolcott and Dr. T. J. Thurber.

THE ACIDS OF FRUITS.—The grateful acidity of the rhubarb leaf arises from the malic acid and binoxalate of potash which it contains. The acidity of the lemon, orange, and other species of the genus *Citrus* is caused by the abundance of citric acid which their juice contains; that of the cherry, plum, apple and pear, from the malic acid in their pulp; that of gooseberries and currants, black, red and white, from a mixture of malic and citric acids; that of the grape from a mixture of malic and tartaric acids; that of the mango, from citric acid and a very fugitive essential oil; that of the tamarind from a mixture of citric, malic and tartaric acids; the flavor of asparagus from aspartic acid, found also in the root of the marshmallow; and that of the cucumber from a peculiar poisonous ingredient called fungin, which is found in all fungi. It will be observed that rhubarb is the only fruit which contains binoxalate of potash in conjunction with an acid. It is this ingredient which renders this fruit so wholesome at the early commencement of the summer, and this is one of the wise provisions of nature for supplying a blood purifier at a time

when it is likely to be most needed. Beet root owes its nutritious quality to about 9 per cent. of sugar which it contains, and its flavor to a peculiar substance containing nitrogen mixed with pectic acid. The carrot owes its fattening powers also to sugar, and its flavor to a peculiar fatty oil; the horse-radish derives its flavor and blistering power from a volatile acrid oil. The Jerusalem artichoke contains $14\frac{1}{2}$ per cent. of sugar and 3 per cent. of inulin (a variety of starch), besides gum and a peculiar substance to which its flavor is owing; and lastly garlic and the rest of the onion family derive their peculiar odor from a yellowish, volatile acrid oil, but they are nutritious from containing nearly half their weight of gummy and glutinous substances not yet clearly defined.—*Chemistry of the World*.

THE CLEVELAND UNIVERSITY OF MEDICINE AND SURGERY, formerly the Homœopathic Hospital College, has just issued a handsome catalogue heralding the forty-fifth college year of the institution. The catalogue calls attention to the fact that many improvements have been made to render the college as efficient as any in country. Among the improvements noted are the addition of microscopical and bacteriological laboratories and additions to the dental department, hospital, maternity home and free dispensary. The increase in the number of students during the last four years has been 278 per cent.

Following are the members of the faculty in the medical department: Obstetrics, John C. Sanders, M.D., LL.D., and H. Pomeroy, M.D.; gynecopathy, H. F. Biggar, M.D., LL.D., and Martha A. Canfield, A.M., M.D.; surgery, H. F. Biggar, M.D., LL.D., J. Kent Sanders, A.M., M.D., Kent B. Waite, A.M., M.D., C. D. Ellis, M.D., W. E. Wells, M.D., H. L. Frost, A.B., M.D., and G. E. Turrill, M.D.; ophthalmology and otology, W. A. Phillips, M.D., and T. P. Wilson, M.D.; theory and practice, W. B. Hinsdale, M.S., M.D., D. F. Baker, M.D., G. E. Turrill, M.D., Kent B. Waite, A.M., M.D., G. W. Spencer, M.D., and H. D. Champlin, A.M., M.D.; materia medica, W. B. Hinsdale, M.S., M.D.; anatomy, H. L. Frost, A.B., M.D., and C. D. Ellis, M.D.; physiology, T. P. Wilson, M.D.; sanitary science, D. H. Beckwith, M.D., and W. G. Meredith, M.D.; chemistry, M. E. Kleckner,

A.M., and Thomas W. Ransom, Ph.G., M.D.; bacteriology, Henry G. Pyle, D.V.S., M.D.; microscopy and histology, A. F. Balfinger, M.D., and E. O. Adams, M.D.; pharmacy, F. O. Reeve, A.M., M.D.; medical jurisprudence, A. W. Barber, A.M.; stereopticon, W. H. Price, Jr. The dental faculty includes S. B. Dewey, M.D., D.D.S., dean; J. E. Robinson, M.D., D.D.S., H. Barnes, M.D., D.D.S., L. P. Bethel, M.D., D.D.S., W. T. Jackman, D.D.S., and Grant Mitchell, D.D.S.

A large number of students have already been matriculated, and everything points to a successful year for the college.

THE RHODE ISLAND HOMŒOPATHIC SOCIETY held its summer meeting July 13th, on the lawn in the rear of the residence of Dr. Charles L. Green, on Fair Street, Pawtuxet. Owing to the absence of the President, Dr. Whitmarsh, Vice-President Dr. Robert G. Reed, of Woonsocket, presided. Papers were read by Drs. T. H. Shipman, George B. Peck, Gertrude Godding and E. C. Gates. Dr. Peck gave an interesting account of the meeting of the American Institute of Homœopathy, at Denver, in June last. He also stated that it was voted to hold the next session in Newport in June, 1895. The local committee of arrangements had taken some preliminary action, and it was advised that the State Society postpone action until something definite was known of the necessities and desirability of the occasion. A vote of thanks was tendered the host for his hospitality, and the meeting adjourned.

THE WESTERN NEW YORK HOMŒOPATHIC MEDICAL ASSOCIATION met in the main parlors of the International Hotel, Niagara Falls, July 13th. The attendance was not quite as large as had been anticipated, but interest was not lacking. Among the Buffalo physicians in attendance were Dr. L. A. Bull, Dr. A. R. Wright, Dr. Fred. D. Lewis, Dr. W. A. M. Hadley, and Dr. H. A. Foster. President J. W. Le Seur, of Batavia, presided. Papers were presented by Dr. Fred. D. Lewis, and Dr. W. A. M. Hadley. The subject of electricity, as relating to the treatment of rheumatism, was brought up and discussed by Dr. A. B. Wright and Dr. L. A. Bull, of Buffalo, and Dr. J. W. Le Seur. Resolutions were adopted upon the death of Dr. H. M.

Dayfoot, of Rochester. Dr. A. R. Wright, of Buffalo, delivered an eloquent eulogy of the deceased. The meeting adjourned late in the afternoon, and the visitors were taken by Drs. W. H. Hodge and N. D. Hough, of Niagara City, to the power-house. Upon their return, dinner was served at the International. It was decided to hold the next regular meeting the second Friday of October, either in Rochester or Batavia, this to be determined later.

NEW YORK EXAMINERS' BOARD—
To the Editor of the *Hahnemannian Monthly*.—Through the medium of your journal I desire to make an explanation of a singular question occurring in the May examinations of the New York State Board of Medical Examiners.

In the department of Homœopathic Therapeutics, Practice and Materia Medica, question No. 15, reads: "Give the entire symptoms of colocynth."

The original question in Dr. Butler's handwriting now on file in the Regent's office (Albany) reads: "Give the enteric symptoms of colocynth."

This error was made by Dr. Lewis's typist, who spelled "enteric," "entire." The proof was read by a trusted (layman) clerk in the Regent's office, owing to the then illness of Dr. Lewis who has charge of this part of our work. We regret this mistake, and also one or two others of slight importance which occurred from the same cause in this and the June examinations, but are glad to inform your readers that no candidate was rejected on this account.

Very truly yours,

EDWIN H. WOLCOTT, M.D.,

Member of Questions Committee.
August 11, 1894.

CLEVER DETECTION OF MALINGERING BLINDNESS.—In a large factory in which several hundred workmen are employed, one of the workmen in wielding his hammer carelessly allowed it to slip from his hand. It flew half way across the room and struck a fellow-workman in the left eye. The man averred that his eye was blinded by the blow although a careful examination failed to reveal any injury, there not being a scratch visible. He brought suit in the courts for compensation for the loss of half his eyesight and refused all offers of compromise.

Under the law the owner of the factory was responsible for an injury

resulting from an accident of this kind, and although he believed that the man was shamming and that the whole case was an attempt at swindling, he had about made up his mind that he would be compelled to pay the claim. The day of the trial arrived, and in open court an eminent oculist retained by the defense, examined the alleged injured member, and gave it as his opinion that it was as good as the right eye. Upon the plaintiff's loud protest of his inability to see with his left eye, the oculist proved him a perjurer and satisfied the court and jury of his claim. It was done simply by applying the knowledge that the colors green and red combined make black. He procured a black card on which a few words were written with green ink. Then the plaintiff was ordered to put on a pair of spectacles with two different glasses, the one for the right eye being red and the one for the left eye consisting of an ordinary plain glass. Then the card was handed to him and he was ordered to read the writing on it. This he did without hesitation and the cheat was exposed. The sound right eye fitted with the red glass was unable to distinguish the green writing on the black surface of the card, while the left eye which he pretended was sightless, was the one with which the reading had to be done.

THE SCHUYLKILL COUNTY, PA., HOMŒOPATHIC MEDICAL SOCIETY held its regular quarterly meeting at Hotel Tumbling Run July 26th. After the regular session, at which a number of papers were read, "Mine Host" Kline served a splendid dinner. The afternoon was spent in enjoying the beauties of our famous mountain resort.

The following members of the society were present: President E. L. Straub, of Minersville; Drs. Milton Kistler, John Kistler, D. W. Straub, of Shenandoah; William T. Kistler, of Minersville; H. L. Klock and son, of Mahanoy City; Dr. Lomison, of Donaldson; Dr. Bashore, of Pine Grove; Dr. Boone, of St. Clair; and Drs. Francis W. Boyer and Thomas W. Swalm, of Pottsville; Students J. S. Price, of Shenandoah, and Doyle, of Pottsville; Douglass S. Kistler, Wilkes-Barre; Henry Weist, Schuylkill Haven.

A very interesting paper was read by Dr. F. W. Boyer, and Dr. Swalm read one entitled, "Labor with the Occiput Posterior."

This was the annual meeting of the society, and after the routine business had been transacted, the following officers were elected for the ensuing year: President, W. L. Bashore; Vice-President, M. S. Kistler; Secretary, D. W. Straub; Treasurer, Henry Weist.

ALBANY COUNTY, N. Y., HOMŒOPATHIC MEDICAL SOCIETY.—At a quarterly meeting of the Albany County, N. Y., Homœopathic Medical Society, held July 17th, a paper was presented by Dr. M. W. Van Denberg, of Fort Edward, relating to improved methods of acquiring an accurate knowledge of drug action. Dr. J. H. M. Paine, of Albany, read an elaborately prepared paper, in which he reviewed the history of the progress of bovine tuberculosis, at present epidemic in the State, to an extent that may well be considered alarming; showing its communicability through the use of meat and milk to man; and showing, also, that the infectious qualities of these articles of food are greatly diminished by being thoroughly cooked.

The next meeting of the Society will be held in October.

THE SOUTHERN TIER HOMŒOPATHIC MEDICAL ASSOCIATION, of New York State, met Tuesday afternoon, July 17th, at the office of Dr. E. W. Bryan, in Corning. Among those present were Dr. Grant, of Bath; Dr. J. G. Greenleaf, of "Glenmary Home," Owego; Dr. Barden, of Mansfield, Pa.; Dr. J. N. Smith, of Wellsboro; Dr. T. B. Smith, of Cameron; and Drs. Bryan and Hawley, of Corning. Suitable action was taken in regard to the death of Dr. W. S. Purdy. The essayists appointed for the October meeting are Dr. J. W. Smith, of Wellsboro; Dr. W. M. Hilton, of Waverly; and Dr. E. B. Morey, of Athens, Pa.

NEW HOMŒOPATHIC MEDICAL SOCIETY, TORONTO, ONT.—A meeting of Toronto homœopaths was held in the board room of Grace Hospital, July 18th. Dr. Adams occupied the chair, and Dr. Baldwin acted as Secretary. Committees were appointed to draft a constitution and by-laws for the new society. As there were not many of the doctors present, the reading of papers and election of officers were deferred until the next meeting.

EVILS OF VACCINATION.—Vaccination may be aptly termed the Jenner-

ation of disease, and our so-called health boards and officers the country over are busy in their efforts to enforce it—in other words, attacking the well and making them sick. But why they confine their efforts along this line to a single disease is not manifest. Probably when the people are well trained in one, these disease-spreading health officers will attack us in a few more, for if it is right in one it is right in all.

The following case was brought to my notice by Dr. Thuron, Tipton, Ind.:

Frankie Peters, 6 years old, and who, up to the time of vaccination, last October, at her home in Tipton, Ind., had "always been healthy, bright, active, and robust." An eruption soon made its appearance over her entire body—first in large watery blisters, which turned to pus and then scabbed. Intense itching and burning accompanied, and her sufferings in other ways were piteous to look upon. After nearly a month's treatment, Dr. Thuron reported that an improvement had begun, and he hopes to effect a cure.

But if he succeeds in restoring the child to a condition of apparent health, can he be sure that something latent is not hidden there which, in later years, will break out and render her last state worse than the first? And in the writings of eminent men we have much to warrant the asking of such a doleful question. For instance, Dr. Hering, for many years a leading physician in Philadelphia, wrote: "Many children are murdered by vaccination, and an indefinite number poisoned for life." Dr. Collins, of London, for twenty-five years a public vaccinator, gave up the practice, saying: "Vaccination often transfers filthy and dangerous diseases, without affording any protection against small-pox." Dr. John Epps, of London, equally experienced, says the same thing, only stronger, as did Dr. Stowell, of London, and Dr. Skinner, of Liverpool. Prof. Newman, of Oxford University, says: "It has frequent and terrible effect in doing mischief." Many hundreds of experts have stated that it has directly caused the deaths of thousands of children and undermined the constitutions of many more. And Dr. Perron, of the French Legion of Honor, insists that vaccination is the chief cause of consumption, the dread disease that fastens upon one out of every seven in the civilized world,

and which has so largely increased since the introduction of vaccination.

Determined efforts are now being made throughout the entire world to get at the true facts regarding vaccination. Those who believe in it should rejoice at this, because if the belief is not a fallacy, their pet will shine all the brighter for the investigation. But, unfortunately for them, the burden of proof is against its claims for efficacy, and the time is now not far distant when its practice will be relegated to the rear, to keep company with the many medical delusions of the past. Time and space are all too short to adduce testimony and statistical proof that vaccination is both dangerous and useless. Let those interested in the subject look into a little of the voluminous literature showing that it is now fast increasing both in quantity and ease of accessibility.

W. B. CLARKE, M.D.

LEHIGH VALLEY HOMŒOPATHIC MEDICAL SOCIETY.—The bi-monthly meeting of the Lehigh Valley Homœopathic Medical Society was held, August 3d, at the office of Dr. W. A. Hassler, Allentown, Pa., with a good attendance of members. Dr. A. J. Bittner read a paper on "How to Heat Cow's Milk as a Food for Children." This was followed by papers on "Glaucoma," by Dr. George H. Haas, and "Rhus Toxicodendron," by H. H. Milford. The delegates chosen to represent the society at the Pennsylvania Homœopathic State meeting, to be held in Philadelphia in September, are Drs. D. Yoder and F. J. Slough. Drs. H. F. Fehr and M. Margaret Hassler were elected to membership. The next meeting is to be held at Easton, at the office of Dr. E. D. Doolittle, on the first Tuesday in October.

FLIES AND THE SPREAD OF CHOLERA.—Dr. J. Sawtschenko (*Centralblatt für Bakteriologie und Parasitenkunde*, Band xii., p. 893) reports the results of a series of experiments conducted for the purpose of ascertaining the possible connection between flies and the spread of cholera. Ordinary house-flies and another kind were fed with pure cultures of cholera, and as late as four days after ingestion the bacilli could be detected in the bowel contents and in the excreta. Bacilli taken from the contents of the bowels three days after ingestion and introduced into guinea-pigs, caused death about as quickly as would the pure cultures themselves. The results

were the same when the flies were fed with the excreta of cholera patients instead of the pure cultures. Some of the results of feeding indicated that the bacilli probably multiply within the fly, so that the insect is not only a distributor, but a breeding place for the bacillus.

U. Simmonds also (*Deutsche medizinische Wochenschrift*, 1892, No. 41) made experiments in the same line. He caught a fly in the autopsy-room at Hamburg when it was crowded with the bodies of those who had died of cholera, and made a bacteriological examination, which demonstrated numerous cholera bacilli. In order to ascertain how long the cholera poison could remain active on flying insects, experiments were made which showed that it remained virulent up to an hour and a half after drying, which is time enough for considerable distribution over long distances. The desirability of carefully covering all objects contaminated by cholera dejections and of covering all food against flies is plain. After the first experiment with the flies in the autopsy-room, the bodies were sewed up as quickly as possible and the tables washed, and subsequent experiments were negative in results.

THE COOK COUNTY, ILL., HOMŒOPATHIC MEDICAL SOCIETY held a regular meeting July 10th. Reports were read from the Jubilee Meeting of the American Institute of Homœopathy, at Denver, by Drs. Smith, Thompson, and Truitt. Dr. T. C. Duncan, read an interesting paper on the effects of mountain climbing, which was discussed by Drs. Bennett, Bernard, Pratt, Ousely, and Ranger. The following officers were elected: President, Dr. W. A. Smith, of Morgan Park; Vice-President, Dr. J. C. Bennett, of Evanston; Secretary, Dr. J. N. Ranger, of Chicago; Treasurer, Dr. L. M. Ousley, of Chicago. A resolution was adopted favoring the proposed water-works west of Garfield Park, as a wise health measure.

THE MADISON COUNTY, IND., HOMŒOPATHIC SOCIETY held its regular meeting at the office of Dr. A. H. Sears, at Anderson, August 3d. The regular business having been disposed of, Dr. Sears read an interesting paper on the subject, "What is a Homœopathic Prescription?" The paper elicited quite a spirited discussion, owing to the various theories held by the members.

THE WORCESTER COUNTY, MASS., HOMŒOPATHIC MEDICAL SOCIETY held its quarterly meeting, August 8th, in the Y. M. C. A. Building, Chatham Street, Worcester. The Bureau on Diseases of Women and Children, Dr. D. A. Whittier, of Fitchburg, chairman, reported through several of its representatives, among whom were Drs. Brown and Miller, of Leominster, by the presentation of original papers on topics connecte with the special work of this bureau. Dr. George R. Southwick, associated professor of obstetrics of Boston University School of Medicine, by invitation of the Society, read a paper embodying a description of methods and results of special work done by him at the Boston Homœopathic Dispensary. The Society voted to hold its next quarterly meeting in Fitchburg.

BROOME COUNTY, N. Y., HOMŒOPATHIC MEDICAL SOCIETY.—The regular monthly meeting of the Broome County, N. Y., Homœopathic Medical Society was held July 18th at the Arlington Hotel, Binghamton, N. Y. President Baldwin presided. The session was both interesting and instructive.

There were present Drs. Haines, Proctor, Snyder, McGraw, Corwin, Jenkins, Winters, Adams, and Ward, of Binghamton; Simons, of Susquehanna; Baldwin, of Montrose; and Ganow, of Sanitaria Springs.

THE DENISON INHALER AND EXHALER, invented by Charles Denison, A.M., M.D., Denver, Col. Manufactured by the Denver Surgical Instrument Company, of Denver, Col. Price, \$2.40 each. This is a practical inhaler, of convenient size and will be found useful in cases calling for medicated air. It was fully described in *N. Y. Medical Record*, February 10, 1894.

TERRIBLE.—“Of what did Dawson die?”

“Quinine pills.”

“What?”

“Yep. He had a cold; took two quinine pills. One of 'em got into his vermiform appendix, and Dawson handed in his cheques.”—*Judge*.

A WISE SERVANT.—Servant, to his master (a very young doctor, who is at a banquet), Come home quickly, sir. There's a patient waiting for you. (Aside). I've locked the office door on him so that he can't escape.—*Spare Moments*.

DESIRABLE LOCATION for a good homœopathic physician, 5614 Main Street, Germantown, Philadelphia.

FEEDING IN FEVERS.—Dr. George L. Peabody writes, in the *New York Medical Record*: In following other physicians in the hospitals to which I am attached, *i.e.*, in succeeding them in attendance each year when my term of duty begins, I always find a certain number of fever patients, and I usually find that they are allowed only fluid foods. Of these fluids, milk is the most important. Milk seems to be generally regarded as a fluid, and a very harmless-looking fluid it certainly is when it is put into the stomach; but if it is to be digested and assimilated at all, it is very soon transformed into a bulky solid after it reaches the stomach.

There are many patients to whom milk in any form is repugnant, and to some of these it is exceedingly difficult of digestion. It has been my practice for many years, in all kinds of illness, but especially in the presence of fever, to pay regard to the appetite and desire of the patient. If the patient is really hungry, solid food of a properly-selected kind and in judicious quantity will rarely disagree with him. With hospital patients it is not always easy to ascertain whether they are really hungry. Many will profess hunger without being hungry, because they suppose that they will recover more quickly if they eat freely. To them, of course, other solid food than milk should not be given; but if they are genuinely hungry, I believe it is safe to presume that the stomach is prepared again to resume its function, that gastric juice is again secreted, and that properly-selected albuminous food in judicious quantity will be digested if you give it.

We are accustomed, I think, to have too great a dread of doing harm at the site of lesion in the ileum in typhoid fever by giving solid food. If I am correct in my opinion as to the inference to be drawn from hunger in a fever patient, there is even less likelihood of causing damage to an ulcerated ileum by giving finely-divided egg, beef, or chop, to such a patient, than by giving him milk. And my experience seems to justify the inference. It has been my practice for years to allow albuminous foods of these descriptions to such patients, even before the fever leaves them. Under these conditions, I have at present under treatment several patients with typhoid fever, whose temperatures reach 101°, 102°, 103° F., daily, who are hungry, and who are receiving such solid food once a day. As far as I am aware, I do not have a larger percentage of relapses or hæmorrhages, or

other serious complications or accidents in my practice than I did before I adopted this plan, or than my colleagues do who have not adopted it.

Even tea, coffee and beer are not allowed by many doctors; in my hands they have been very useful when given to those who have been accustomed to them in health and desire them in fevers. Well cooked oat meal is another very nutritious food that I allow under the same conditions as meat.

When the appetite fails, in consequence of the presence of fever, meat becomes more repugnant than any other food as a rule. Then it would be most injudicious to force it upon a patient; but the returning appetite, the awakening desire for meat, I believe to be nearly always an indication that the stomach is prepared to take care of it. That much is gained by maintaining the nutrition of fever patients needs not to be mentioned. Of course the necessity of giving an abundance of water is not to be lost sight of.

What I have said of feeding typhoid fever patients is equally true in other forms of fever. It is, in my judgment, a mistake to withhold solid food merely because a patient has fever, and it is incorrect to regard milk as a fluid food as our knowledge of our physiology of digestion teaches us. Our knowledge of the form in which milk often appears in the fæces, emphasizes this latter fact. Milk will always remain the most serviceable general food in disease, and especially in fever, largely because it is swallowed with much less effort than attends the taking of other food; because it is the cheapest of the foods; because it requires little or no preparation, and because it is so commonly well borne. But when it fails to nourish the patient, where it is not well borne, where it cannot be taken for any other reason, it is well to remember that efficient adjuncts and substitutes are within reach.

OBITUARY.—Dr. Wm. H. Barnes, of Tioga, Philadelphia, died at Hackensack, N. J., on August 1, 1894. He was a graduate of Hahnemann, Philadelphia, class of 1881.

Dr. James Kitchen, one of the oldest homœopathic physicians in the United States, died on Sunday, August 12, 1894, in the ninety-fifth year of his age. He graduated from the University of Pennsylvania in 1822, but subsequently studied and practiced homœopathy.

MUCH AFFLICTED.

He had fits of epistaxis,
And the weakest of thoraxes,
Ever since he had the measles and the mumps;

He was mad for weeks with rabies,
And had seven years of scabies,
And dyspepsia kept him always in the dumps.

Weak eyes had he from iritis,
Back likewise from meningitis,
And the latter scarcely left him any spine;

All the tumors, from fibroma
To the deadliest sarcoma,
He had grown as thick as hops upon a vine.

Chronic case he had of ptosis,
And symptoms of tuberculosis,
And the action of his heart was out of rhythm;

He had numerous neuroses,
Inanition and chloroses,
And from birth he'd ne'er been free from rheumatism.

He had falling of the hair, too—
All, in short, that flesh is heir to;
Every ailment in the calendar had he.
He had every kind of pain;
Toothache, bunions and migraine—
Hold—I'm wrong; he never had the housemaid's knee.

—*Phila. Press.*

PERSONAL.—Dr. Geo. W. Gann, Hahnemann, Philadelphia, '94, has located at Du Bois, Pa.

Dr. J. A. Lenfestey, Michigan University, '94, has located at Mt. Clemens, Mich.

Dr. Francis Peake, Hahnemann, Chicago, '94, has located at Champaign, Ills.

Dr. F. M. Eaton, of Camden, N. J., has removed to Millville, N. J.

Dr. R. W. Montgomery has removed from 51 West 19th Street to 21 Fifth Avenue, N. Y.

Dr. Thomas H. Conarroe, Hahnemann, Philadelphia, '93, has removed to Ardmore, Penna.

Dr. S. G. Hermann has removed to 141 Reynolds Street, Rochester, N. Y.

Dr. Frank Rich, Michigan University, '94, has located at Manistee, Mich.

Dr. C. A. Schulze, Columbus, Ohio, has removed to 49 East Main Street.

Dr. Charles G. Jenkins, Michigan University, '94, has located at Mason, Mich.

Dr. Edward Fornias announces his removal to 1229 Spruce Street, Philadelphia, Pa.

Dr. Emily Hill, Hahnemann, Chicago, '94, has located at 428 Alexander Street, Rochester, N. Y.

THE HAINEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

OCTOBER, 1894.

CONTENTS:

	PAGE
Homœopatiskhus og Familiflæge af Clotar Müller. Kortfattet Homœopatisk Laegemiddellaere af Clotar Müller.....	145
Den Homœopatisk Behandlingen af Asiatisk Cholera af Oscar Hansen. A System of Genito-Urinary Diseases, Syphilology and Dermatology—Morrow. Literary Note.....	146
Books and Pamphlets Received. Homœopathic Medical Society of the County of Philadelphia	147
Homœopathic Medical Society of the State of Pennsylvania.	148
Washington, D. C., Homœopathic Medical Society. Brooklyn Homœopathic Hospital	158
Rochester Homœopathic Hospital. Jefferson County, N. Y., Homœopathic Medical Society. West Jersey Homœopathic Medical Society. Broome County, N. Y., Homœopathic Medical Society. Letter—Dr. Cushing.....	159
Kings County Homœopathic Medical Society. Homœopathic Medical Society of Northern Pennsylvania. Eel's Blood in Acute Alcoholism. New Jersey State Homœopathic Medical Society. Homœopathy in an Illinois Town. Personal.....	160

HOMŒOPATISKHUS OG FAMILIFLÆGE af Clotar Müller. Par den homœopatisk Forenings Foranstaltning oversat af Oscar Hansen, hom. Laege. 2-den. forøgede Oplag. Kjøbenhavn. Andr. Fred. Host & Sons Forlag. 1892. 349 pp.

This little work in the Danish language is a translation by the well-known Danish homœopath, Oscar Hansen, whose name one meets quite frequently in the Danish and German homœopathic literature of Dr. Clotar Müller's German domestic homœopathic manual. It was issued under the auspices of the Danish Homœopathic Medical Association. The translator has rendered it into smooth and easy-reading Danish, adding here and there annotations on the newer remedies and filling up the defects of the original. It is divided into several parts. The first deals with the principles of homœopathy, the preparation and manipulation of homœopathic remedies and homœopathic dietetics. The second portion forms the greater bulk of the work and is devoted to the discussion of the various diseases.

An extensive appendix is devoted to children's diseases and an alphabetic repertory terminates the work. The work is well bound, and would be of value in domestic practice.

KORTFATTET HOMŒOPATISK LAEGEMIDDELLAERE af Clotar Müller, oversat af Dr. Oscar Hansen, Copenhagen, Denmark. Hagerup, publisher. 95 pp.

A translation by the same writer of Clotar Müller's *Charakteristik von Dreissig der Wichtigsten Homœopathischen Heilmittel*, together with a description and a short introduction to some of the most frequently employed homœopathic remedies. The characteristics of thirty homœopathic remedies are well presented in parallel columns; in the one the name of the diseases and in the opposite the characteristic symptoms of the remedy in the disease under consideration are given under each drug. Then follows a repertory of diseases with the names of the remedies usually indicated. In the third section the general characteristics of a few important drugs are given.

DEN HOMŒOPATISK BEHANDLINGEN AF ASIATISK CHOLERA af Oscar Hansen, cand. med. et chir. Copenhagen, Denmark.

A pamphlet in the Danish language on the homœopathic treatment of cholera. After a short introduction, and a brief history of the disease, he discusses the symptoms, the results under allopathic and homœopathic treatment, accompanying his statements with statistics from various epidemics in different localities. The body of the little pamphlet is formed by the homœopathic treatment of the disease, which, naturally, is divided into three parts—the prophylactic measures; treatment of the premonitory diarrhœa, and treatment of the attack. The value of the preventative measures are discussed, and reference made to various means proposed and employed both by the homœopathic and the regular school. The treatment of the attack receives, also, consideration, where the different remedies and their indications are presented. The writer is an indefatigable worker in Danish homœopathic literature, and it is to be hoped that he will continue his labors to spread the light.

A SYSTEM OF GENITO-URINARY DISEASES, SYPHILOLOGY AND DERMATOLOGY. By various authors. Edited by Prince A. Morrow, A.M., M.D. With Illustrations. In three volumes. Vol. III. Dermatology. New York: D. Appleton & Co. 1894.

This volume materially enriches our literature of skin diseases. Written in excellent style by the most noted specialists in dermatology, we have presented a thoroughly comprehensive, systematic, and practical treatise on skin diseases, enriched by numerous colored illustrations and many half-tone plates. The work is arranged in two parts—General and Special—the first including the Anatomy and Physiology of the Skin, Semeiology, General Ætiology, and Classification; the second being divided into eight classes, the naming of which will show at once the scope and value of the work: 1. Inflammations. 2. Hemorrhages. 3. Hypertrophies. 4. Atrophies. 5. New Growths. 6. Neuroses. 7. Diseases of the Appendages of the Skin. 8. Parasitic Diseases. The subdivision of these eight classes covers the ground completely, and brings the subject-matter thoroughly up to date and includes all recent advancements in this actively developing specialty. As an appendix, is presented a most

interesting table, embracing over two hundred thousand cases of skin disease, compiled by W. F. Robinson, M.D., from the combined returns of the American Dermatological Association, from June 30, 1878, to January 1, 1893, showing at a glance the statistical frequency in the United States of each particular disease. The Appletons, the publishers, have brought the work out in their unexcelled style, the typographical part being particularly acceptable.

LITERARY NOTE.—The well-known house of the F. A. Davis & Co., of Philadelphia, issued in September, a work which will be most favorably received by the medical profession. It is entitled *Obstetric Surgery*, and is written by Drs. Egbert H. Grandin and George W. Jarman, gentlemen who, from their long connection with the New York maternity hospitals, are peculiarly fitted to expound the subject from the modern progressive standpoint of election.

There is no work in any language which deals with the surgical side of obstetrics so thoroughly as the present. The rules of obstetric asepsis and antisepsis are so described and simplified as to enable even the busy general practitioner to surround his patients with the same safeguards as are guaranteed in well-ordered hospitals. The subject of pelvimetry, without due regard to which modern obstetric surgery cannot exist, is most tersely and exhaustively treated of. The indications under which artificial abortion and the induction of premature labor properly fall, are clearly exemplified. The limitation of the forceps and of version, and the beneficent results to be secured through timely resort to symphysiotomy, and the Cæsarean section, are stated with the accuracy which the marvellous progress of the past few years allows. The surgical aspects of the puerperal state are carefully described, and the concluding chapter deals with the surgical treatment of ectopic gestation.

The net price of the volume will be \$2.50, and it will be printed in large clear type, on excellent paper, and handsomely bound in extra cloth. The full-page plates, about 14 in number, will be printed on fine plate paper, in photogravure ink.

A companion volume, dealing in the same terse, practical manner with pregnancy, normal labor, and the physiological and pathological puerperium, is in active preparation by the same authors.

BOOKS AND PAMPHLETS RECEIVED.

TREATISE ON DIPHTHERIA. By H. Bourges, M.D. Translated by E. P. Hard, M.D. The Physicians' Leisure Library. Paper, 25 cents. Published by George S. Davis, Detroit, Mich., 1894.

UTERINE PATHOLOGY. By E. H. Pratt, M. D., Chicago.

HÆMORRHOIDS. By EUGENE F. Hoyt, M.D., New York.

THE PRESIDENT'S ADDRESS, OF THE Twenty-fifth Annual Session of the Homœopathic Medical Society of the State of Michigan. By J. C. Nottingham, M.D., Bay City, Mich.

BULLETIN HOMŒOPATHIC MEDICAL Department State University of Iowa, containing an article on "A New Proving of *Hypericum Perforatum*," by George Royal, M.D., Professor of *Materia Medica*. Also a description and cut of the new building of the homœopathic medical department.

HYDROGEN DIOXIDE, H₂O₂. By L. D. Kastenbine, A.M., M.D., Louisville, Ky.

1. **THE PRODUCTION OF DISEASES by Sewer Air.**

2. **STOMATITIS NEUROTICA CHRONICA.** By A. Jacobi, M.D., New York.

FUNCTIONAL DYSPEPSIA, SO-CALLED. By R. C. M. Page, M.D., New York City.

1. **AN OPERATING TABLE.** 2. **PRACTICAL Application of the Principals of Sterilization.** 3. **Notes on Gynecological Technique.** 4. **Asepsis in Minor Procedures.** By Hunter Robb, M.D., Baltimore.

AMPUTATIONS PROTHETICALLY CONSIDERED. By George E. Marks, A.M., New York City.

1. **PREGNANCY AFTER VENTRAL Fixation of the Uterus.** A report of four cases. 2. **Diagnostic Palpation of the Appendix Vermiformis.** Cases of Appendicitis. By Geo. M. Edebohls, A.M., M.D., New York City.

A REVIEW OF ASHEVILLE AS A Health Resort for Throat and Pulmonary Diseases. By T. E. Linn, M.D.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.—The regular monthly meeting of the society was held at the Hahnemann Medical College, on the evening of September 13, 1894, fifty-one members being present. Dr. C. S. Middleton occupied the chair.

After the minutes of the last meeting were read and approved, Dr. Middleton introduced the newly-elected president, Dr. Charles Mohr, who

delivered an inaugural address, in which various subjects of professional and general interest were discussed.

Drs. Peter Cooper, D. Roman, and Joseph D. Lawrence were elected to membership. Drs. Edgar P. Brunner and B. Frank. Kehler made application for membership.

The president, Dr. Mohr, called attention to the death of Dr. James Kitchen, an Honorary Member of the society, and to that of Dr. J. H. Young, a regular member, who had died since the last meeting. On motion, the following were appointed a committee to draft a suitable minute to express the loss to the society of those members: Drs. C. S. Middleton, J. N. Mitchell, and L. Willard Reading.

It was moved and carried, that a committee be appointed to take into consideration the recommendations embraced in the president's inaugural address. The committee, as appointed by the vice-president, is, Drs. W. B. Van Lennep, W. H. Keim, and E. R. Snader.

The President appointed the following Standing Committees:

(a) Committee on Organization, Medical Education, and Statistics: Dr. Thomas S. Dunning, Chairman; Drs. George W. Smith, G. Maxwell Christine, Weston D. Bayley and H. L. Northrop, Associates.

(b) Committee on Essays and Debates: Dr. Edward R. Snader, Chairman; Drs. Oliver S. Haines, Clarence Bartlett, Wm. H. Bigler, and Harry S. Weaver, Associates.

(c) Committee on Legislation: Dr. Charles W. Karsner, Chairman; Drs. Wm. B. Van Lennep, Wm. W. Van Baun, Edward M. Gramm, and Edmund H. Kase, Associates.

(d) Committee on Ward Organization: Dr. Wm. H. Keim, Chairman; Drs. Augustus Koerndorfer, John E. James, C. S. Schwenk, and F. J. Haerer, Associates.

(e) Committee on Hospitals for the Insane: Dr. Claude R. Norton, Chairman; Drs. Jos. C. Guernsey, Pemberton Dudley, Isaac G. Smedley, and Wm. K. Brown, Associates.

Dr. T. H. Carmichael, chairman of the Bureau of Sanitary Science, announced that the Bureau would present for discussion at the next meetings papers as follows: one by Dr. Pemberton Dudley, on "Bovine Tuberculosis: Its Present Sanitary Aspect;" one by Dr. G. M. Christine, on "Infection from the Communion Cup: The Necessity for Reform in Present Communion

Methods;" and one by Dr. Carmichael, on "The Death Certificate."

A complete set of new By-Laws having been presented for consideration, it was moved that they be referred to a committee to be reported for final action thereon at the October meeting. The committee appointed consists of Drs. W. H. Keim, W. B. Van Lennep, W. W. Van Baun, E. R. Snader, and E. M. Gramm.

The Committee on Entertainment of the State Society reported that from the present outlook, a very successful and enjoyable reception and collation would be tendered to the visiting members of the State Society, at the Hotel Bellevue, on the evening of September 19th.

Dr. T. S. Dunning read a very interesting paper on "The Remedial Treatment of Appendicitis," which was discussed until a late hour by Drs. Pemberton Dudley, W. G. Steele, Eliza Lang McClure, Augustus Korndorfer, J. H. Reading, D. W. Shoemaker, T. J. Gramm, W. B. Van Lennep, I. G. Smedley, and C. V. Vischer.

EDWARD M. GRAMM, M.D.,
Secretary.

THE HOMOEOPATHIC MEDICAL SOCIETY, STATE OF PENNSYLVANIA.—The Homoeopathic Medical Society of Pennsylvania began its thirtieth annual session, Tuesday, Sept. 18th, in the Hahnemann Medical College, Broad Street above Race, Philadelphia, with a large attendance of members and visitors. Among those present were Drs. B. W. James, Theodore J. Gramm, William H. Malin, George S. Foster, J. H. McClelland, Pittsburgh; Augustus Korndorfer, Thomas S. Dunning, T. D. Parker, C. H. Hubbard, Millville, N. J.; Pemberton Dudley, A. W. Baily, Atlantic City; John E. James, E. C. Parsons, Meadville; W. J. Martin, Pittsburgh; P. W. Parsons, Meadville; A. P. Bowie, Uniontown; B. F. Betts, W. G. Steele, E. B. Fanning, J. D. Boileau, J. S. Hickey, A. E. C. Russell, Julia Gould Waylan, Mary A. Cook, Eliza Lang McClure, Mary Branson, Wm. Spencer, H. L. Northrop, Sarah J. Coe, Amelia L. Hess, Hannah S. Mulford, D. W. Shoemaker, J. Herbert Reading, William G. Dietz, Hontzdale; H. A. Laey, William N. Leedom, W. H. H. Bull, Walters Park, William H. Lyle, E. G. Cowperthwait, W. H. H. Neville, N. F. Lane, Theodore P. Gittens, Edgar S. Brunner, Walter R. Maires, Frank H. Widman, C. S. Schwenk, J. Paul Lu-

kens, Wilmington, Del., L. Willard Reading, Edward M. Gramm, J. W. Strong, William D. Culin, Linnaeus A. Smith, William T. Graham, J. N. Grase, J. A. Fischer, Alfred Conkling, Francis E. Archibald, Peter Cooper, Wilmington; Chas. R. Palmer, West Chester; James Halliwell, J. Edw. Waaser, M. M. Hassler, Allentown; Charles I. Wendt, J. W. Hassler, W. E. Ratzell, Narberth; Thos. H. Connaroe, Ardmore; William A. Seibert, Easton; J. V. Horne, M. R. Faulkner, F. J. Slough, Allentown; Edwin H. Van Deusen, B. Frank Kehler, J. F. Cooper, Allegheny; Charles Mohr, H. J. Evans, Altoona; I. G. Smedley, M. S. Williamson, H. M. Banting, Norristown; Joseph E. Jones, West Chester; Ella D. Goff, Allegheny; E. R. Snader, C. Bartlett, J. Richey Horner, Allegheny; J. H. Closson, Samuel C. Webster, Media; William W. Van Lennep, and J. L. Van Tine.

The Society was called to order shortly before 11 o'clock by the President, Dr. Caleb S. Middleton, who introduced Dr. Charles Mohr, President of the Philadelphia County Society, to welcome the members. This Dr. Mohr did in a brief address on behalf of the County Society, the members of the profession in this city, the faculty of the Hahnemann College, and the physicians in the eastern part of the State. It was needless, he said, to dwell upon the eminence of Philadelphia as a centre of the arts and sciences, but it was with especial pride, he said, that he pointed to it as a city of homes, and he trusted that the members of the Society would make themselves perfectly at home and feel that they were cordially welcome.

"I would like," he continued, "to call your attention to what we take great pride in—our college and hospital buildings, and we extend to you a very hearty welcome to go through these buildings and see what the homoeopaths of Philadelphia have raised up."

Then, on behalf of the Committee of Arrangements, Dr. Mohr extended to the members an invitation to a reception and collation to be held Wednesday evening, and he hoped that they would also bring their wives and daughters.

On behalf of the Society, Dr. H. J. Evans, of Altoona, responded, thanking Dr. Mohr and those whom he represented for the kind greeting extended. He was especially gratified that the Society was so cordially welcome to a city which might almost be

called the birthplace of homœopathy, and which still retained its prestige as the medical centre of the United States. He trusted, that as a result of the deliberations of the Society the principles of homœopathy would be more firmly grounded than ever.

The regular order of business was then proceeded with, the first item of which was the report of the treasurer, Dr. J. F. Cooper, of Allegheny, which showed that the expenses of the year were \$1052.20 and the balance in the treasury was \$199.26.

The report was referred to an auditing committee composed of Drs. M. S. Williamson, Pemberton Dudley and H. J. Evans, and by them reported as correct.

Dr. J. Richey Horner, of Allegheny, the recording secretary, presented the report of the Bureau of Organization, Registration and Statistics, which said that the State Society now numbers 360 members, of whom 344 are active. Sixteen local societies reported a membership of 1492, which would be increased to 1550 when two societies, which had not reported, sent in their returns. This was an increase of 150. The medical journals, the report said, were still hard at work holding up the doctrine of "*similia similibus curantur*," while the hospitals showed a good report, there being 753 beds and 4054 patients treated in them, with a mortality of a little more than five per cent.

The necrologist, Dr. William J. Martin, of Pittsburgh, reported that not a single death had occurred since the last meeting.

Dr. Aug. Korndoerfer, of this city, called attention to the recent death of the venerable Dr. James Kitchen, and suggested that some action should be taken expressing the sense of the Society in the matter, and he asked that a committee be appointed for that purpose.

After remarks had been made by President Middleton, Dr. Bushrod W. James and others, Drs. Korndoerfer, James and J. H. McClelland were appointed a committee to prepare a suitable minute.

The scientific business of the session was then opened with the presentation of papers in the Bureau of Surgery, the first being by Dr. Walter Strong, on "Recurrence of Carcinoma of the Breast," in which he said that no less than 14,000 deaths occurred annually from the disease. He pointed out the importance of an early diagnosis of cancer, and said that the earlier the

operation the better the chance of no new growth occurring.

The recurrence of the disease, he said, was influenced by peculiar dispositions and it prevailed more among colored than white people. He had but little to say in regard to the internal treatment of the disease and argued in favor of operating first and of limiting the use of medicine to the prevention of a recurrence.

Dr. Herbert L. Northrop followed with a paper on "Intravenous Injection of Saline Solutions" and Dr. W. B. Van Lennep with a paper on "Appendicitis."

Dr. Van Lennep's paper was addressed to the general practitioner. It treated particularly of the recognition of the disease and the indications for operation, and was based on his experience with 160 cases. The old "seed theory" as an explanation of appendicitis has been exploded, and has given way to the circulation theory and germ theory, which were fully discussed in the paper. He advised that every case of abdominal pain be subjected at once to a thorough examination, as in cases of pneumonia or pleurisy, which are no less dangerous or fatal. He then discussed the method of carrying out the examination, the different varieties of the disease, and illustrated them by actual cases. The symptoms of the disease were then taken up and described and given their proper value in the recognition of the disease and in deciding the question of an operation.

The paper then touched upon the outlook for the patient. The recognition of the disease, he said, was the most important step. If the symptom does not pass off like ordinary colic, continuing to get worse, subsides and remains stationary or increases after getting better, an operation was said to be safer than waiting. Dr. Van Lennep was of the impression that the one week, then five days, then forth-eight-hour time limit for waiting should be reduced to twenty-four hours or less. The statistics of the different varieties were given and surgeons were appealed to not to operate in hopeless cases to which they had been called in too late.

His concluding words were: "The time has come when an enlightened public has awakened, and demands that the physician recognizes appendicitis at once, and calls in the surgeon in time."

The paper was thoroughly discussed, and then ordered published.

At the opening of the afternoon

session, Dr. H. L. Northrop, of this city, read an interesting paper on "Reasons for the Administration of Oxygen with Chloroform when the latter is Used as an Anæsthetic." The data produced, he said, were the results of a series of experiments conducted by the Hahnemann Medical Club Anæsthetic Commission. The latter used the oxygenated chloroform in 100 cases, the oxygen being obtained under pressure in iron cylinders. The oxygen was passed through the chloroform, and the vapor thus formed was given through an inhaler made to fit closely around the patient's mouth. Complete anæsthesia, he said, was produced in a shorter time than by either chloroform or ether. The shortest time was $\frac{1}{2}$ minute and the longest 10 minutes, while the average time was 4-25 minutes. Nothing new, he said, was claimed for the combination, as it was learned that in hospitals in London anæsthesia was produced by passing oxygen through chloroform.

Dr. Northrop said he did not think the oxygenated chloroform could be used as a universal anæsthetic, and Dr. Van Lennep, chairman of the Bureau of Surgery, said he did not think any anæsthetic free from danger, considering the careless manner in which frequently ether and chloroform were given.

Dr. John E. James presented a paper on "Cancer of the Rectum," in which he pointed out the importance of a physical diagnosis in cases of hæmorrhoids. In several cases which he cited, where it was taken for granted that patients were troubled with hæmorrhoids, a physical examination showed that they were cases of cancer.

Other papers were as follows: Carl V. Vischer, M.D., "Some Thoughts Concerning the After-Treatment of Abdominal Sections;" G. A. Mueller, M.D., "Epididymitis and Suppurative Orchitis—a Case;" Landreth W. Thompson, M.D., "Surgical Interference in Localized Tuberculosis."

The Bureau of Obstetrics, consisting of Dr. Edward W. Mercer, chairman; associates, Drs. Anna Marshall, Francis W. Boyer, C. A. Yocum, T. S. Dunning, B. L. Davis, E. E. Briggs, W. G. Dietz, Sarah J. Coe, R. T. White, and the Bureau of Gynecology, Dr. J. H. McClelland, chairman; associates, Drs. I. G. Smedley, Eliza Lang McClure, J. S. Boyd, Theodore J. Gramm, C. H. Hoffman, Mary E. Smith, B. F. Betts, and J.

Richey Horner, presented a number of valuable papers on the subjects in the respective departments.

The President's Address.—In the evening the members of the Society, together with a large number of visitors, listened to the annual address of the President, Dr. Caleb S. Middleton, in which he discussed various topics relating to the necessities of the new school. He said:

You are all thoroughly familiar with the result of our legislative work up to the present time, and to those who are not aggressive in their nature, and who are content to let the course of events take the even tenor of their way, there would seem to be no occasion for strife. Such, however, is not the actual state of affairs. While we possess many of the rights which belong to us, and are gaining others from year to year, yet we should not—yea, we dare not—rest until we secure justice to ourselves and to those who require at our hands the assistance of the most beneficent and benign system of medicine extant, and of which we are the appointed dispensers.

I have reference, of course, to our just recognition as practitioners of medicine and surgery, and that we shall no longer be debarred from any public position within the dispensation of municipal, State or Federal authorities on the ground of being homœopaths; that we shall no longer be classed with "Hydropathy, Botanicism, Physio-Medicalism, etc."

As already stated, some advancement has been made, but that we are still under the "thumbscrew" with the force applied by the dominant school there can be no denial. It is but a few months since one of our young doctors, after a thorough preparation, and after passing a creditable examination, failed to secure an appointment in the army, evidently because he had to acknowledge his faith by announcing the Hahnemann of Philadelphia as his Alma Mater. His experience is not an exceptional case.

Refusing to admit surgeons into the army and navy because they profess a belief in homœopathic therapeutics is equally as great an injustice both to them, and to those who, during illness and injury, desire homœopathic treatment, as it would be for the Government to decree that an universal religious belief should be acknowledged throughout the Department of War.

It is only by constant watchfulness, agitation and demand for the right and for what is due us, that we can ever

expect to attain that point. We are all too prone to be satisfied with our own assured positions, forgetting the necessity for constant work for the general good.

Every physician knows how urgent is the necessity for an institution where insane patients can be treated according to the principles of homœopathy. We are obliged to turn our patients over to allopathic institutions because we cannot take the risk of treating them at home. Therefore, we *must* have such an institution in Pennsylvania under homœopathic auspices. As we have lost the Wernersville Asylum, either another must be built for the use of homœopaths, or we must secure one of those already in existence. If we cannot secure one of the latter, we should be able to accomplish our object in the way it has been done in the State of New York, if by no other means, namely, by purchasing the necessary land, building upon it, and finally turning it over to the State for support, with the contract understanding that the treatment should always be that of homœopathy, and that the institution should always remain under the control of our school. As this is the legislative year, we must begin at once, and enter in earnest upon a plan by which we can secure the desired institution. This can be done if we but go about it in the right way.

Apropos to the subject of legislation, and to the best advantage of homœopathy, the question is suggested to my mind that, if the State of Pennsylvania should provide a Board of Medical Examiners, whose duty it should be, first, to examine all candidates not possessing a standard voucher of preliminary education, and to inspect the curriculum of each medical college from time to time during each session, and report the same each year to the State Educational Bureau, would it not go a long way toward breaking down the barrier set up against us? For the reason, such reports must necessarily be truthful, and therefore no cause for discrimination could exist, because official report would be to the contrary.

Dr. Middleton also suggested that if materia medica and therapeutics were taught in such a way as to include the classification given them by the old school, the discrimination against the new school would be demolished.

After referring to the action of medical examining law, he spoke of the suggestion made by ex-president Dr. J. C. Guernsey, of offering free scholar-

ships in medical colleges to the graduates of literary colleges as prizes for excellence. It was gratifying, he said, that Hahnemann College has offered three free scholarships to the students of as many different colleges.

In connection with the subject of medical education, he said it was pleasing to note that all the homœopathic colleges of the country have agreed to make a four years' graded course obligatory, beginning with the sessions of 1895-96. He also spoke of measures to be adopted for the prevention of the spread of disease, especially such as are brought about through associations which are not controllable by the ordinary means, such as hereditary maladies. On this subject he said:

"Now, how are we to disinfect that part of humanity which, through heredity and individual action, produce so much disease to mental and physical life? This special subject is now occupying the thought and action of some of the best minds in the medical world, as well as those possessing the best intellects and most philanthropic motives among the laity. That it is our duty, as physicians and teachers, to turn our attention to this phase of 'sanitation,' so to speak, there can be no question. That there is abundant reason for making an effort to educate the masses up to a point where their moral conscientiousness will restrain marriages with constitutions decidedly incompatible with continued health, and whereby a progeny may be brought into the world only to inherit some of the worst features of disease, such as consumption, epilepsy, insanity, etc., there should be no doubt.

"This we should do as moral philosophers and teachers, but we believe it is just as necessary for the good of our race to *prevent*, by certain legal restrictions, in the most aggravating instances, the production of diseased and imbecile children."

In conclusion, Dr. Middleton, in speaking of the liquor habit, said:

"I am not a teetotaler nor a prohibitionist, but I am a temperance man. I would advocate temperance in such a manner that when a man is slowly, but certainly, committing both mental and physical suicide, beside other evils he is committing upon society in general, and upon his family in particular, I would help him to reform by depriving him of this pleasant occupation, as other criminals are deprived of their nefarious business. I would try to keep him out of the asylum for the

insane by regarding him as an enemy to the community, and, therefore, he should be taken care of before he reaches the insane hospital."

Dr. James H. McClelland made a report on the Hahnemann statue movement. He said the matter of erecting a monument to the founder of Homœopathy was first agitated in 1876, by Dr. Morgan. At Denver, they have raised \$17,000; in Pennsylvania, \$3000. Illinois has promised \$10,000 and New York \$10,000. An appeal was made to the delegates for subscriptions, and between \$600 and \$700 was raised. The monument is to be erected in Washington.

SECOND DAY'S SESSIONS.

The work of the Society was resumed on Wednesday morning, the President occupying the chair. Many additional delegates and visitors were registered since Tuesday, among them being Drs. C. Van Artsdalen, Ashbourne; Edw. C. Thomas, Isaac Crowther, Anna M. Marshall, Anna C. Clarke, Van R. Tindale, Edward W. Mercer, Flora E. Wasserman, Milton T. Uhler, Camden; Albert J. Bittner, Allentown; Alfred C. Heritage, Jenkintown, S. C. Godshall, Edge Hill; H. M. Paine, Albany, N. Y.; Chandler Maier, J. C. Morgan, W. C. Goodno, Wm. W. Van Baun, Sophia Mergenthaler, L. G. Rousseau, Frank Buchanan, Silas Griffith, Wm. H. Keim, H. G. Griffith, M. M. Walker, Perry Hall, Dudley S. Griffith, Claudius R. Norton, A. Frank Ziegenfuss, J. R. Holcombe, Hugh Pitcairn, Harrisburg.

The morning session was opened with the reading of a paper by Dr. Eliza Lang McClure on "The Personal Equation," in which she said every homœopathic physician, in a general way, endorses the affirmation of Hahnemann teaching individualization in practice. The simple mention of the term personal equation suggests this idea to the minds of most practitioners. Personality in medicine, however, has a wider meaning and a more extended application than the treatment of each case on its own merits. Practically three points of absorbing interest present themselves and separate the practice of the homœopathic art into so many divisions—the physician, the patient, the remedies. The natural habit of mind of the physician, his cast of thought, mental predisposition, his receptivity, his antagonisms, the judicial qualities of his mind, his original inheritance as modified by education and professional life—all these are to be reckoned in the account. In a word,

the physician must take his own measure, find his own limitations, settle his own equation and have it ready for use in all succeeding observations. A conscience that will not let him rest drives him to this task, for, if he be not thoroughly master of himself, how shall the right remedy be fitted to the right patient? Having worked out his own personal equation, the physician is ready to treat the kaleidoscope of varying equations presented by the patient.

In conclusion she said, now that the terrible results of wholesale and indiscriminate surgery have caused a halt, and legitimate operations only are advised, we have time to devote ourselves anew to showing what homœopathy can do for the speedy, gentle, and permanent cure of so-called incurable diseases. The remedies most frequently needed are, curiously enough, those which are known as polychrests or antipsorics.

Drs. Pemberton Dudley, W. J. Martin and H. J. Evans, the committee appointed to consider and report upon the suggestions and recommendations contained in the annual address of the President, presented a report in which they recommend:

First, the by-laws be amended so that the President's address shall be delivered during the first day, instead of at the opening. Second, that the officers of the Society be empowered to procure a charter. Third, that to meet the necessary expenditures of the Society the annual dues be increased to \$5, and further to avoid increasing the burdens of incoming members, the special fee for admission be abolished. Fourth, that the following standing resolution be adopted: That a representative committee of twenty members, of whom five shall constitute a quorum, shall be appointed annually, whose duty shall be to meet in Harrisburg at least once during the period between the annual meetings of the Society to consider any and all subjects pertaining to the welfare of homœopathy in any part of the State, and submit a report to the Society at its annual meeting.

The first two recommendations were adopted, the third was laid on the table, and action on the fourth was deferred.

Dr. C. H. Lee, of New Castle, presented a paper on "Three Cases of Malignant Diphtheria," which were contracted from a man who had called upon a woman who had a very malignant form of the disease. The man went directly to his boarding-house,

and took upon his knee a child four years old. The latter took the disease and died, as did also another child in the same family, the cases being of the most malignant character.

Dr. A. J. Bittner followed with a paper on "Cows' Milk for Artificial Feeding," in which, after alluding to the great mortality in the early weeks of life, and the practice of giving infants all sorts of foods, etc., he said the object of his paper was for feeding as a preventative rather than as a cure for certain digestive troubles. The same care and knowledge, he said, should be used in the habitual preparation of the food of the infant as of the adult. The chemical and mechanical approximation to breast milk has its pitfalls, but in the light of research it seems practically the most favorable.

Papers were also read by Dr. J. H. Sandel, of Plymouth, on "Hernia in a Premature Infant—a Case;" Dr. Emma T. Schreiner, on "Symmetrical Development;" Dr. Pearl Starr, on "Heredity;" Dr. J. R. Phillips, on "Pathological Signs of High Temperature;" Dr. R. S. Marshall, of Pittsburgh, on "The Pancreas—Some of its Pathological Reasons;" Dr. W. K. Ingersoll, on "The Micrococcus Lanceolatus and Its Clinical Significance," and Dr. B. F. Betts, on "Management of Cœliotomy Cases."

At the opening of the afternoon session various papers were read in the Bureaus of Sanitary Science and Materia Medica. Dr. John C. Morgan, of Philadelphia, read a paper on "Resorts for Patients with Asthma and Hay Fever," in which he considered the necessity of out-of-doors ventilation, under which there were two indications—the exclusion of noxious agencies and the inclusion of vital stimuli, as ozone, in the atmosphere.

Dr. James presented a "Comparison of Health Resorts," in which he said that all the benefits derived from foreign travel and sea voyage can readily be obtained without leaving America or even the United States. Every attendant advantage may be experienced on either the Atlantic or Pacific, with the beautiful projective points of Mt. Desert or St. John's, San Francisco or Sitka.

Dr. James, in considering the subject further, said, "Perhaps I may be regarded as an enthusiast, but I speak of that which I have seen and know, and I ask that any one who may wish to refute my positive statement of the equality, and oftentimes superiority, of the health resorts of America, will

visit for himself a few of the beautiful and salubrious or lofty and invigorating places of which I made mention, withholding his opposition until after his return. I am inclined to the opinion that it is the bounden duty of all American physicians to give at least as much professional aid in establishing our equally salutary American health retreats as they do in adding to the already overcrowded resorts of foreign countries. The hotel accommodations of Florida, California, Colorado, Minnesota, New York, Maine, Virginia, Pennsylvania and many other States are not only ample, but in the larger hotels perfectly luxurious.

Dr. Aug. Korndorfer, of Philadelphia, presented a paper entitled "A Few Thoughts upon the Teeth." There is a marked disposition, he said, on the part of the profession to ignore this entire department of medicine, relying solely upon local and mechanical treatment for the relief of all affections of the gums and teeth. The physician should see in each case of dental disease or malformation nature pleading for help. Any imperfection in the development or conformation of the teeth points unmistakably to a systemic defect, and as such merits the interest and concern of the physician. While laying great stress upon the medical treatment, let it not be forgotten that the dietetic and mechanical means must not be neglected, for it is only through the combined aid thus afforded that the best results can be attained.

It is a well-proved fact, he said, that diseased teeth, as well as badly-crowded teeth, may be the cause for serious reflex symptoms; therefore in all such cases, after taking a complete picture of the disease, for the purpose of selecting the specific remedy, we should promptly remove the direct exciting cause through appropriate mechanical means. These reflex symptoms frequently afford valuable aid in the selection of the homœopathic curative agent.

Dr. Korndorfer recommended a gentle brushing of the teeth at least once daily, with thorough rinsing of the mouth and cleaning between the teeth after each meal. As to powder, which should be but infrequently used, there is probably no better substance than precipitated chalk. The occasional, even daily, use of a pure olive oil soap with the brush is desirable. Accumulation of tartar should be carefully guarded against, especially if the tendency is to form near the gum or

to burrow under it. The pressure thus exerted upon the gum, as well as the interference with the normal relationship of the soft parts to the bone structure, results in atrophy of the gum, which, in turn, is speedily followed by loosening of the teeth, all of which may be avoided by properly directed mouth hygiene plus the indicated homœopathic remedy for the correction of the diathetic cause.

To the physician, he said, belongs the duty of correcting all systemic defects which tend towards the destruction of the teeth.

In the discussion of the paper which followed, one of the delegates stated that a crystal of chloral hydrate placed in the cavity of an aching tooth was an infallible remedy.

Papers were also read by Drs. E. Cranch, Charles Mohr, C. S. Schwenk and others.

Reception at the Bellevue.—In the evening, at the Hotel Bellevue, the officers and members of the State Society, with their ladies, were tendered a reception and collation by the homœopathic physicians of Philadelphia and vicinity. There was a large gathering, and music by an orchestra added its charms to the occasion. As the guests arrived they were welcomed by the local committee of arrangements, Wm. H. Keim, M.D.; A. Korndorfer, M.D.; J. H. Closson, M.D.; Wm. G. Steele, M.D.; J. C. Guernsey, M.D.; J. R. Holcombe, M.D.; J. E. James, M.D.; T. S. Dunning, M.D.; L. P. Posey, M.D.; L. W. Reading, M.D.; J. M. Reeves, M.D.; G. W. Smith, M.D.; T. Hart Smith, M.D.; E. R. Snader, M.D.; M. S. Williamson, M.D.; C. S. Schwenk, M.D.; Carl V. Vischer, M.D.; C. Mohr, M.D.; Duncan MacFarlan, M.D.; John D. Ward, M.D.; E. M. Howard, M.D.; E. M. Gramm, M.D.; W. B. Van Lennep, M.D.; M. M. Walker, M.D., of which Dr. E. M. Gramm was secretary. Among those present were W. B. Van Lennep, John E. James, Edward M. Gramm, John D. Boileau and Mrs. Boileau, J. W. Thatcher, William D. Culin, Robert G. Dock, B. F. Betts, Miss Betts, F. C. Benson, Jr., Miss Martha Dunning, Dr. T. S. Dunning, Miss Dunning, C. J. V. Fries, A. F. Ziegenfuss, Dr. W. H. H. Bull, Dr. H. I. Jessup, C. Mohr, Mrs. C. Mohr, Miss Jean Mohr, C. R. Norton, Mrs. C. R. Norton, William W. Van Baun, George W. Smith, Edgar P. Bruner, Miss Agnes H. Smith, Charles T. Shinn, W. B. Holcombe, J. R. Holcombe, George P. Stubbs, H. S. Weaver, H. R. Furman, Mrs. Fur-

man, Mrs. C. B. Knerr, Miss Van Seiver, Isaac G. Shallcross, Miss Blackwood, A. W. Baily, E. C. Parsons, P. W. Parsons, H. M. Paine, W. J. Martin, William Spencer, Willis H. Middleton, R. S. Marshall, Pittsburgh, T. Hart Smith, Silas Griffith, E. C. Thomas, Charles H. Wells, W. T. Lane, S. S. Guy, H. Litchfield, W. R. Geiser, H. F. Schantz, Hugh Pitcairn, Harrisburg, John J. Orchsle, W. H. H. Neville, F. P. Wilcox, J. C. Morgan, Wm. G. Dietz, Anna M. Marshall, James Fraquain McClure, Eliza Lang McClure, Samuel C. Webster, William H. Keim, Walter W. Maires, George C. Webster, John D. Ward, Van R. Tindall, Chandler Weaver, J. Herbert Reading, Sarah J. Coe, Ella D. Goff, J. F. Cooper, Mrs. J. F. Cooper, J. H. Sandel, Mrs. J. H. Sandel, O. B. Gause, Aiken. S. C., C. H. Harvey, D. Lafayette Snyder, D. W. Shoemaker, W. F. Berkenstock, Charles R. Palmer, West Chester, J. L. Van Tine, C. A. Yocum, Miss S. C. Stroud, E. R. Snader, A. J. Kurtz, Geo. R. Karsner, M. S. Williamson, C. E. Myers, W. G. Steele, T. L. Chase, W. H. Middleton, Clarence Bartlett, J. D. Pirres, A. W. Stewart, M. M. Walker, Mrs. M. M. Walker, Miss Annie T. Walker, George R. Karsner, T. J. Gramm, M. Margaret Hassler, J. W. Hassler, Anna C. Clark, J. C. Cullen, W. L. Love, J. I. Dowling, Alice Kershaw Brown, William Hilt, A. T. Schoenmaker, Carl V. Vischer, Sophia Mergenthaler, Mary A. Cook, Julia Gould Wayland, J. E. Waaser, Gustav A. Van Lennep, I. G. Smedley, Joseph Hancock, Mrs. Joseph Hancock, Percy H. Ealer, W. H. A. Fitz, Mrs. W. H. A. Fitz, J. Richey Horner, Mrs. J. Richey Horner, Louis Plumer Posey, George W. Kirk, H. S. Mace, Charles W. Karsner, Thomas Reading, W. M. Griffith, B. Frank Kehler.

After a season of social intercourse and pleasant greetings, Dr. Charles Mohr rapped attention and made a brief address of welcome. He then called upon the president of the State Society to respond to the sentiment, "The Ladies." Mrs. W. H. A. Fitz followed with a recitation, after which Dr. Steele responded to the toast. "The Bachelors," and Dr. Baily, of Atlantic City, spoke on the "Seashore Climate." Dr. O. B. Gause, formerly of this city, but now of Aitken, South Carolina, spoke of "Old Memories," and Dr. Bowie, of Uniontown, responded to the sentiment, "Home," and at a late hour the pleasant event

was brought to an end by the orchestra playing "Home, Sweet Home."

THIRD DAY'S SESSIONS.

The sessions of Thursday were devoted to the reading of papers in the Bureau of Clinical Medicine and Ophthalmology, and to general business. The president occupied the chair, and there was a large attendance of members and visitors.

At the morning session, the first paper presented was by Dr. Weston D. Bayley, of this city, on "Vanishing Factors in Epileptic *Ætiology*," in which he said that the number of cases of supposed idiopathic epilepsy is steadily growing less, indicating that we possess a more complete knowledge of the pathology of fits, and find that a more careful search is being made for causes. There yet remains, however, a lamentably large proportion of cases of undiscovered origin, so that any additional facts bearing on the *ætiology* of this dread affliction will be received with interest.

After referring to the fact that a large proportion of the epilepsies considered as idiopathic, begin before the twentieth year, attention is at once directed to the disease-producing factors in the environment of childhood and youth.

The average mother, he said, knows as much of the proper management of a child as she does about the care of a rhinoceros. And how could she know more, when a false and artificial modesty leaves her education in this respect to some old whimsical grandmother, whose ideas of infant feeding would be absurd if they were not so pathetic? But we do not wish to discuss this further, he said, than to make clear that vile habits of infant feeding are responsible for the great majority of cases of infantile eclampsia, and that eclampsia, so caused, is very apt to, and does repeatedly, result in an epilepsy which must be called idiopathic. The next disappearing cause of epilepsy is cerebral trauma. Many serious brain injuries, vaguely classified as concussions, are really instances of definite lesions which subsequently set up sclerotic brain changes.

A third cause of epilepsy, which can almost completely disappear, is infantile cerebral hæmorrhage. Epilepsy has been established by uræmic convulsions, and has continued thereafter as an independent affliction, when repeated examinations have apparently demonstrated a complete restoration of kidney health. After being satisfied

that a given case is genuine epilepsy, further investigation must be in the line of a rigid and thorough search for a cause. Keeping in mind the ease with which transient causes establish the epileptic habit, therapeutics should be thoroughly applied to them, and should consist of many medicines which do not come out of bottles. The proper education of women for the responsibilities of maternity, the wide dissemination of common-sense principles of infant hygiene, the prompt removal of all sources of peripheral irritation in the child, the insistence on aggressive surgery in doubtful cases of head injury—these are some of the measures which should be generally adopted in order to prevent the entrance into the body of convulsive devils, which, with our limited magic, we are so often unable to cast out.

Dr. Middleton read a paper on consumption as a sequence of whooping cough, which he illustrated with several cases. The peculiar character of whooping cough, he said, makes it an interesting disorder, and one to be avoided, especially so far as infants and very young children are concerned. As a rule, the younger the subject, the more severe the effects upon the patient; and the more delicate the patient, the more dangerous are the symptoms likely to become. Attacks in advanced life rarely run a protracted course; while the dangers to young subjects are chiefly those which involve the lungs. This is usually manifested in a two-fold manner—either the child will develop a general bronchial catarrh, which, in the worst cases spreads to the capillary bronchi, also involving the bronchial glands, or local foci of broncho-pneumonia takes place and abscess and phthisis possibly follow.

Aside from scrofulous aid and military tuberculosis the doctor said he was firmly satisfied that bronchial catarrh and catarrhal pneumonia can be, and are, factors in the phthisis which frequently follow whooping cough. The above conditions are mostly the result of cold following either neglect or accident. Rarely will these conditions set in if proper care and homœopathic medical treatment are combined although, in spite of both, children with narrow chests and poorly developed lungs will often manifest these complications.

Again, weakly and scrofulous children will break down from sheer exhaustion through constant coughing, disturbed rest and loss of meals. Lung complications in adults having whoop-

ing cough are still more rare than those in childhood.

Other Papers.—"Lessons Learned at the Bedside," was the subject of a paper by Dr. A. P. Bowie of Uniontown, in which he said the giving of pills and powders does not constitute all of the physician's duty, and neither does Hahnemann teach such a doctrine. The environment of the patient needs to be looked into, and the patient educated to the fact that the doctor is to be a teacher and the patient the pupil.

Dr. H. J. Evans, of Altoona, presented a paper on "Homœopathy in Typhoid Fever," in which he treated the subject at considerable length. Homœopathy, he said, has scored many signal victories and won for itself laurels where old-school treatment has made decided failures where the fever has been epidemic in its ravages. After giving instruction to the young graduate in such cases, and describing the remedies used, Dr. Evans detailed the results obtained in seventy cases of the disease in town and rural districts and summed up by saying: In these cases, ranging from five to fifty years, whose conditions in life were from the charity patient to the one of moderate means, none of which had the benefit of a trained nurse, and where the sanitary surroundings were in a most deplorable state, homœopathy lost but four cases, or a mortality in private practice of a trifle over 5½ per cent. extending over a period of ten years. Dr. Goodno, Professor of Practice and Pathology in Hahnemann College, reported a mortality of 2½ per cent. in a list of 200 cases, extending over a period of eleven years, but he had no opportunity of obtaining any data of death rate in allopathic private practice in typhoid fever.

Dr. C. R. Norton followed with a paper entitled "Some Considerations Concerning the Therapeutic Uses of Water," which was practically a plea for the cold bath in typhoid fever. He also included in the paper a case of broncho-pneumonia so treated. He did not consider that the principle value of the cold bath in fevers was to reduce temperature, as the antipyretic medicines also possess the same power, and yet they lack the ability to produce the entire effect of the cold bath, and therein lies the great defect in the application of such mediums. The real and greatest good of cold baths in fevers is the power which they have to stimulate the nerve centres. This power is due to the reflex excitation induced in the nerve centres by the action of the water upon the skin, the

general beneficial effect being increased by constant rubbing. It is not by any means the high temperature alone which creates the dangerous conditions found in typhoid and other infectious fevers. It has been shown that animals may be kept in a state of artificially induced high temperature for a long time without being seriously affected.

Dr. Norton pointed out the beneficial effects of the cold bath upon the heart by the dilatation of the bloodvessels of the skin, caused by the friction while in the bath.

In describing the method of using the cold baths he said the tub must be large enough for the patient to lie down in; the temperature should be sixty-five degrees Fahrenheit; the patient to be bathed once to three times when the temperature in the mouth reaches 103 degrees; the face to be washed with ice water before leaving the bath; while in the bath the patient to be constantly rubbed by an attendant, except over the abdomen, and a few times during the bath to have poured over the head and shoulders a basin of water at fifty degrees; when finally taken out of the bath the patient to be placed on a linen sheet spread on top of a blanket and covered with sheet and blanket with a hot water bag at the feet. There are some modifications, he said, of this treatment, as patients coming under treatment late must have the water five or ten degrees warmer for the first bath, and perhaps for all of them. The individual, the age, sex and general conditions must also be considered. In threatened heart failure the baths must be warmer and the affusions of colder water used more copiously; the heart is thereby greatly stimulated.

After the paper had been discussed at considerable length Dr. W. J. Martin, of Pittsburgh, presented a paper on "Heat Fever," in which he detailed his experience in the treatment of a number of cases of the disease which occurred during the protracted hot spell this last summer. They were not cases of sunstroke, he said, but in a stage that would precede a stroke if exposure to heat, either solar or other, were persisted in. The symptoms were loss of appetite, great thirst, debility, headache and dizziness, together with chest oppression, shortness of breath, sighing, dry throat, painful swallowing, weak voice, irritability, numb feeling in the extremities, pale face, etc., and the predisposing causes were said to be deprivation of

water, habitual use of alcohol, debility, fatigue, bad ventilation, etc. In treating such cases he had found two things important, to place the patient in a cool, quiet room and to give frequent cold spongings all over the body, but more especially the head and spine, and using the indicated remedy.

Dr. Chandler Weaver, of Fox Chase, reported a "Peculiar Termination of Cerebral Meningitis," in a boy aged two years. Effusion had taken place, when nature came to the relief allowing the effusion to pass through the middle ear to the mouth. The pressure on the brain was thus relieved and recovery resulted.

Papers were also presented by Dr. F. W. Burlingame on "A Few Clinical Cases Where *Aesculus Hipp.* was Successfully Used;" Dr. W. W. Van Baum, on "Treatment of Pleuritic Effusions;" Dr. Middleton, on "Observations in Florida," and Dr. Chas. Mohr, "The Diagnosis and Treatment of Typhoid Fever."

At the afternoon session papers were read in the Bureau of Ophthalmology, Otology and Laryngology, in which papers were presented by Drs. John Cooper, W. H. Bigler, Wm. Spencer and H. N. Lee. The latter's paper was on "The Treatment of Minor Injuries to the Eye," in which he recommended in the case of an alkali entering the eye to use cider vinegar, one part to ten of water; in case of an acid to use carbonate of potash or soda, five grains to an ounce of water.

The scientific papers having been disposed of, the Society took up the recommendations of President Middleton in his annual address to make the dues \$5 a year, and, after a long discussion, the recommendation was adopted.

The sympathy of the Society was extended in a resolution adopted, to Harriet J. Sartain.

The following officers were then elected for the ensuing year:

President—Dr. W. J. Martin, of Pittsburgh.

First Vice-President—Dr. M. M. Walker, Germantown.

Second Vice-President—Dr. A. P. Bowie, Uniontown.

Treasurer—Dr. J. F. Cooper, Allegheny.

Corresponding Secretary—Dr. E. R. Snader, Philadelphia.

Recording Secretary—Dr. J. Richey Horner, Allegheny.

Necrologist—Dr. T. S. Dunning, Philadelphia.

Censors—Drs. Clarence Bartlett, Mary Branson, and W. G. Dietz.

The President announced the appointment of the following Committees and Bureaus:

Legislation—Dr. John E. James, chairman; Drs. Aug. Korndorfer, E. Crouch, L. H. Willard, C. P. Seip, J. C. Guernsey, Hugh Pitcairn, C. S. Middleton, H. J. Evans.

Hahnemann Statue—Dr. J. C. Guernsey, chairman; Drs. J. F. Cooper, E. Cranch, Mary Branson, John E. James, A. R. Thomas, C. C. Rinehart, and Bushrod W. James.

Admission of Homœopaths to Red Cross—Dr. J. H. McClelland, chairman; Drs. J. C. Guernsey, C. R. Norton, J. L. Ferson, Z. T. Miller, Hugh Pitcairn, C. S. Middleton.

Official Gardens—Dr. Charles Mohr, chairman; Drs. J. C. Guernsey, D. MacFarlan, L. H. Willard, C. C. Rinehart, S. Marshall, W. J. Martin, B. W. James, F. H. Carmichael.

Delegates to American Institute of Homœopathy—Drs. J. Richey Horner and M. S. Williamson.

Delegate to Southern Homœopathic Medical Society—Dr. Millie J. Chapman.

Bureau of Surgery—Dr. H. L. Northrop, chairman; Drs. C. P. Seip, John E. James, L. H. Willard, J. H. Thompson, R. W. McClelland, Carl V. Vischer, W. D. King, G. A. Mercer, Walter Strong, B. K. Wilbur, Landreth W. Thompson, S. M. Reinhardt, W. B. Van Lennep, J. H. McClelland.

Bureau of Obstetrics—Dr. W. F. Edmunson, chairman; Drs. J. Richey Horner, J. B. McClelland, E. W. Mercer, Sarah J. Coe, J. N. Mitchell, W. R. Stephens, W. H. H. Mercer, C. R. Norton.

Bureau of Gynecology—Dr. I. G. Smedley, chairman; Drs. Mary Branson, B. F. Betts, T. J. Gramm, J. H. McClelland, H. J. Evans, Anna E. Clark, John L. Ferson, W. G. Steele.

Bureau of Pathology and Pathological Anatomy—Dr. R. S. Marshall, chairman; Drs. J. R. Phillips, Clarence Bartlett, Joseph S. Jones, J. H. McClelland, Van R. Tindall, F. J. Slough, J. A. Bullard.

Bureau of Pædology—Dr. Emma T. Schreiner, chairman; Drs. J. M. Reeves, W. H. Malin, G. M. Christine, M. J. Chapman, Ella D. Goff, Charles D. Smedley, Charles W. Karsner.

Bureau of Materia Medica—Dr. John C. Guernsey, chairman; Drs. E. Cranch, C. Schwenk, Charles Mohr, T. S. Dunning, F. W. Burlin-

game, Z. T. Miller, R. T. White, W. G. Dietz.

Bureau of Sanitary Science.—Dr. M. M. Walker, chairman; Drs. B. W. James, Pemberton Dudley, E. G. Parsons, J. F. Cooper, O. B. Gause, Isaac Cooper, Isaac Crowthens, M. Margaret Hassler, T. P. Githens.

Bureau of Clinical Medicine.—Dr. A. P. Bowie, chairman; Drs. A. C. Parsons, W. C. Goodno, E. R. Snader, T. Hart Smith, W. J. Martin, E. M. Gramm, George W. Stewart, C. S. Middleton.

Bureau of Ophthalmology, Otology and Laryngology.—Dr. William Spencer, chairman; Drs. C. M. Thomas, W. H. Bigler, H. F. Ivins, H. J. Jessup, J. A. Shallcross, F. W. Messervé, W. W. Blair, John Cooper, H. R. Hoy.

After adopting a vote of thanks to the County Society and the newspaper press, for its excellent reports of the proceedings, the society adjourned.

WASHINGTON, D. C., HOMŒOPATHIC MEDICAL SOCIETY.—The first meeting of the Washington Homœopathic Medical Society for the season 1894-95, was held September 4th, at the Dispensary Building. A good attendance marked the meeting in spite of continued absence of several of the members on their vacation.

After the routine business had been disposed of, Dr. Dennison reported from the Bureau of Clinical Medicine. Dr. Moffat reported a case of puerperal convulsions attended by total blindness. He was called four days before the confinement was expected, on account of a severe pain in the eyes, which began two days before, and continued with progressive loss of vision until there was total blindness. He prescribed belladonna and cimicifuga, and then examined, finding the os dilated. He then ruptured the bag of waters, whereupon four severe convulsions followed. Chloroform was administered and forceps applied. The perineum was ruptured but sutured immediately. The patient remained in a stupor after the child was born. The next day the retinitis still prevailed, with high temperature and scanty urination. Gave *veratrum viride* 6. Temperature dropped and kidneys acted but blindness still continued. Then gave belladonna followed by *mercurius corrosivus*. In a few days could distinguish near objects and now sight is entirely restored.

Dr. Groot reported a case for diagnosis. Woman, pain, especially in left iliac region, running downward toward

median line; pains intense, occasional vomiting. Diagnosis: renal calculi. In urine was found a precipitate of yellow, flaky matter, resembling a scab. In discussion, Dr. MacDonald spoke of a case in which the patient passed at intervals large scabs, apparently from the kidney, and hoped for further light on the pathology and treatment of such cases. Dr. Krogstad reported a case of puerperal convulsions. There was no albuminuria before delivery but $1\frac{1}{2}$ per cent. immediately thereafter. Forceps were applied and the patient promptly recovered. Dr. Krogstad spoke of several other similar cases, and Dr. Gilbert questioned whether gelsemium 6, which had been given to hasten the labor, might not have had a causal relation to the convulsions. Dr. Krogstad replied, that while convulsions occurred in these cases, he had had a number of others, in which gelsemium had been given and no such complication followed.

Dr. Gilbert, referring to the case reported by Dr. Groot, reported a case marked by discharge of pus from the bladder, associated with ribbons or strings of tissue.

After some general discussion the Society adjourned.

THE BROOKLYN HOMŒOPATHIC HOSPITAL.—A synopsis of the surgical work done in the Brooklyn Homœopathic Hospital for the month of August, Orlando S. Ritch, attending surgeon, on duty, was as follows:

Ambulance calls during the month, 115; of these, 5 were cases of asphyxiation from illuminating gas; four recovered, and the fifth, a woman, eight months pregnant, lived for thirty hours. There were 12 fractures, including three Potts' and four compound. Concussion of the brain and insolation, each 4. There were also 4 labor cases brought in by the ambulance, one lusty nine-pound boy being born in the ambulance about 2 o'clock one morning. There were 4 cases of burns of the body; two of them were quite serious, and were brought into the hospital and treated according to the strict antiseptic method now in vogue with most gratifying results.

Of these 115 cases, there were three deaths; one due to fracture of the skull, which extended through the squamous portion of the temporal bone about three inches. The second, was a young man of twenty-two, who was run over by an ice-wagon; a post mortem revealed that the second to tenth ribs, inclusive, had been frac-

tured, two of the broken ribs had penetrated the lung; the left lower lobe was found to be collapsed; he lived for two days, when he died of the shock and exhaustion, superinduced by mania-a-potu which developed.

The third patient died less than two hours after admission; he fell from a third story window, fracturing his inferior maxillary bone, and also breaking seven ribs.

A list of operations for the month is as follows:

Sim's amputation.

Amputation of the lower third of the leg.

Amputation of the thigh, hermetomy (2).

Removal of small fibroma from the eyelid.

Operation to cure Chalazion circumsions (3).

Paracentesis.

The patient upon whom Thiersch's method of skin-grafting was performed some six weeks ago, will be able to go in a few days. Nurses and doctors volunteered to give small pieces of skin from their arms, and of the fifty grafts planted by Dr. Schall at least two-thirds of them took successfully.

WILLIAM L. LOVE, M.D.,
Acting House Surgeon.

ROCHESTER HOMŒOPATHIC HOSPITAL.—In the September number of the *Hospital Leaflet*, which is devoted to the interests of the Rochester Homœopathic Hospital, is contained the statement that the friends of the late Dr. H. M. Dayfoot are desirous of having a memorial of his services to the hospital provided. A suggestion that meets with approval is, that the memorial shall be the furnishing of the men's medical ward, and that a tablet announcing the fact shall be placed upon the wall of the ward. Contributions in the shape of offerings may be sent to Mrs. Cass Williams, 6 William Street; Miss Allerton at the hospital, and Mrs. Granger A. Hollister, 375 East Avenue.

When the new buildings are sufficiently in readiness they are to be thrown open to the public for inspection. This reception will take place some time in October.

The treasurer acknowledges a gift of \$500 from Mrs. H. H. Craig; for current expenses, Mrs. Arthur C. Smith, annual subscription, \$600, and Mrs. John C. Woodbury, annual subscription, \$50; total \$650; for the thank-offering bed fund, Mrs. John C. Woodbury, \$10.

The following donations to the King's Daughters' annual bed,

women's ward, for its support for a year from September 1, 1894, are acknowledged: Surplus from last year, \$13.10; previously acknowledged, \$105; Mrs. James S. Watson, \$25; Ruth Sibley, B. S., "Alms," and "From daughter in Wilmington, N. C.," each \$1; change, 55 cents, and Miss S. B. Pitkin, 25 cents; total, \$147.90. Amount still required, \$52.10.

The report of the house surgeon shows that there were 103 patients in the hospital September 1, 1894.

JEFFERSON COUNTY, N. Y., HOMŒOPATHIC MEDICAL SOCIETY.—The regular meeting of the Homœopathic Medical Society of Jefferson County, N. Y., was held at the Otis House in Watertown, Thursday, August 30th. Drs. Laird and Gifford of Watertown, Dr. Bronson of Lowville, Dr. Nickelson of Adams and Dr. E. A. Simonds of Carthage, were present. Dr. Simonds read an able paper on "Pseudomembranous Enteritis," which called forth spirited comment and discussion. The next meeting will be held at Watertown, November 21st.

THE WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY held its annual meeting at the residence of Dr. H. F. Hunt, in Long Branch, August 21st. The summer meeting of the Society is devoted to pleasure as well as to business. The members of the Society, while they are in Long Branch, will be the guests of Dr. Hunt, who is the oldest ex-president of the Society living. He helped organize it twenty-seven years ago.

BROOME COUNTY, N. Y., HOMŒOPATHIC MEDICAL SOCIETY.—The regular monthly meeting of the Broome County Homœopathic Medical Society was held in the parlors of the Arlington Hotel, Binghamton, N. Y., Wednesday evening, August 15th. First Vice-President Haines presided. Interesting papers were read by Drs. Leonard of Deposit and McGraw and Mills of Binghamton. Dr. Martin reported a case where forty ounces of pus were taken from the pleural cavity of a child four years old. The operation was followed by recovery.

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY: While reading in the September number of the *Hahnemannian* the articles by Drs. Hughes and Van Denburg in relation to arsenic, I felt like adding a word till I remembered the saying, "fools walk in," etc., then I remembered

reading. "a little child shall lead them," so decided to say there was no reference made to one of the most important preparations of arsenic, and that is bromide of arsenic for the cure of the facial eruption of young boys and girls. In the years long past, also at later times, we have been advised to give pulsatilla, sulphur, etc. But who has ever been satisfied with the results? Not I. But I have been with the 4x of bromide of arsenic. Try it and make yourself and your patient happy.

Dr. Charles M. Gales' article in the same number of the *HAHNEMANNIAN* interested me, but more especially as I felt he had omitted to mention cicutia vicaria early in the disease given to ward off fatal symptoms and especially in cerebro-spinal meningitis, also zincum later in the disease.

A. M. CUSHING, M.D.

Springfield Mass., Sept. 3, 1894.

THE KINGS COUNTY HOMŒOPATHIC MEDICAL SOCIETY met at 44 Court St., Brooklyn, Sept. 11th. The necrologist of the society reported the death of Dr. R. C. Moffat, announcing also that an extended report would be made at a subsequent meeting. Dr. Theodore C. Wiggins, Dr. Emma T. P. Allen, and Dr. Harrison Willis, Jr., were elected members. A vacancy in the committee on health and public institutions, caused by the death of Dr. Moffat, was filled by the appointment of Dr. Hugh Smith to the place. Reports of cases were made by Dr. H. Willis and Dr. W. C. Latimer of the bureau of obstetrics. No report was received from the bureau of materia medica, and none from the bureau of verification of symptoms. The meeting then adjourned.

THE HOMŒOPATHIC MEDICAL SOCIETY OF NORTHERN PENNSYLVANIA convened for its regular meeting at the office of Dr. Murdock, Wilkes-Barre, August 16th. There were present Drs. Van Bergan, Murdock, Geo. Clark, Young, Gendal, Kisler, Miller, F. W. Lange, of Scranton, and Dr. Johnson, of Pittston. Delegates were elected to attend the meeting of the State Society, to be held at Philadelphia in September.

The subject of the condition of the water-supply to this city, and its impure character acting as a canal of disease, was thoroughly discussed, and the society hoped that the councils might be urged to remedy the evil as speedily as possible for the welfare of the city.

The diseases of the month were next discussed, typhoid fever and summer diarrhoea being the diseases

as found most prominent by the physicians here.

EEL'S BLOOD IN ACUTE ALCOHOLISM.—*Hahnemannian Monthly*: Dr. E. M. Hale's article in the September number of the *HAHNEMANNIAN* brings to mind the belief that exists amongst the illiterate of this section that the blood of the eel is a sure cure for inebriety.

It is but a few weeks ago that a lady came to me for advice regarding the use of the remedy in the case of her husband who, glorying in his chronic "mellow" condition, positively refused to take the "Keely cure."

She related that a negress told her to procure a live eel, cut off its head, and of the blood of the head administer two drops in a glass of liquor. This should be done "unbeknownst" to the patient. A sure cure would follow.

Of course, I advised against any such procedure, despite the fact that several wonderful cures are reported by believers.

Is it possible that there is something in the remedy after all? Certainly snakes, eels and jim-jams are very closely allied.

C. R. MAYER, M.D.

New Orleans, Sept. 4, 1894.

THE NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY will meet in the Board of Trade rooms, No. 764 Broad Street, Newark, on Tuesday and Wednesday, October 2d and 3d.

The sessions will be opened at 1 o'clock P.M., Tuesday and continue in session until 7 o'clock.

A banquet will be held in the spacious dining-rooms of the Park House (a few doors away), at 8 o'clock.

It is to be hoped that every homœopathic physician in the State will be present.

G. T. APPLEGATE, President.

HOMŒOPATHY IN AN ILLINOIS TOWN.—The Doctors Parker, Warsaw, Ills., consisting of Drs. R. M., Donna M. and J. W. Parker and Dr. S. E. Bennett, have taken another partner in the person of Dr. F. W. Pease. Besides this firm there are two other homœopaths in this little city of 3000 souls, and two allopathic physicians, one of whom pretends to "practice both ways." And homœopathy is dying out!

PERSONAL.—W. H. Phillips, M.D., class '92, Hahnemann College, Philadelphia, has located at Thomasville, Georgia, where he will devote special attention to diseases of the lungs.

Dr. C. A. Schulze, Columbus, Ohio, has removed to 49 East Main Street.

THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

NOVEMBER, 1894.

CONTENTS:

	PAGE
A System of Legal Medicine—Hamilton and Godkin.....	161
Syllabus of Lectures on Human Embryology—Manton. Essentials of Diseases of the Ear—Gleason. Manual of Human Physiology—Raymond. Manual of Hygiene—Bissell. Books Received.....	162
Homœopathic Medical Society of the County of Philadelphia.....	163
New Jersey State Homœopathic Medical Society	164
Hahnemann Medical College, Philadelphia.....	166
New York Homœopathic Hospital—New Building.....	167
Montreal, P. Q., Hom. Hospital. Wayne County, N. Y., Hom. Med. Society...	168
Homœopathic Medical Society of Massachusetts.....	169
Homœopathic Medical College of Missouri.....	170
Denver Homœopathic Medical College and Hospital. Northern Indiana and Southern Michigan Homœopathic Medical Society.....	171
Washington, D. C., Homœopathic Medical Society.....	172
New York State Homœopathic Medical Society.....	173
South-Central Pennsylvania Homœopathic Medical Society. Erie County, Pa., Homœopathic Medical Society.....	174
Southern Homœopathic Medical College. New Homœopathic Hospital, Worcester, Mass. St. Louis, Mo., Homœopathic Medical Society. Kings County, N. Y., Homœopathic Medical Society. Onondaga County, N. Y., Homœopathic Medical Society.....	175
Homœopathic Medical Society of Western Massachusetts. Machaeon Club. To Prosecute Quacks in Rochester, N. Y. Lowell, Mass., Hahnemann Club. Personal.....	176

A SYSTEM OF LEGAL MEDICINE.
By Allan McLane Hamilton, M.D., and Laurence Godkin, Esq., of the New York bar, with the collaboration of many noted physicians, lawyers and jurists. Illustrated, volume I. Price, cloth, \$5.50. Full sheep, \$6.50. New York: E. B. Treat, 5 Cooper Union. 1894.

This is a work that the specialists in medicine and surgery will not be without and every general practitioner should have it at instant command for reference. It will be thoroughly appreciated when the unexpected happens and the practitioner has to face a legal case. The work is written from an American standpoint; it is conveniently arranged and is filled with original matter, freed from the verbosity and redundancies so characteristic of technical works. It embodies the most advanced knowledge of the subject. The questions arising most frequently in court are handled in a clear, helpful style; the authors

having laid especial stress in developing these subjects. The painstaking and thorough experiments in regard to the effect of gunshot wounds, the inquiries relative to the importance of blood-stains, and the novel and significant investigations in regard to ptomaine poisoning in this volume are especially cited. A recital of the subjects or divisions of this volume will enable the reader to rightly estimate the value of this great effort in forensic medicine. Medico-legal inspections and post-mortem examinations, open the way and is followed by: Death in its Medico-legal Aspects; Blood and other Stains; Hair; Identity of the Living; Identity and Survivorship; Homicide and Wounds; Poisoning by Inorganic Substances; by Alkaloids and Organic Substances; The Toxicological Importance of Ptomaines and other Putrefactive Products; The Medical Jurisprudence of Life Insurance; Accident Insurance; The Obligation of the Insured and the Insurer;

Of certain Legal Relations of Physicians and Surgeons to their Patients and one another; Indecent Assault upon Children. The book is well printed, and fully illustrated with cuts half-tones and colored plates.

SYLLABUS OF LECTURES ON HUMAN EMBRYOLOGY: An Introduction to the Study of Obstetrics and Gynecology. For Medical Students and Practitioners. With a Glossary of Embryological Terms. By Walter Porter Manton, M.D. Illustrated with seventy (70) Outline Drawings and Photo-Engravings. 12mo., Cloth, 126 pages, interleaved for adding notes and other illustrations, \$1.25 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This outline of the principal facts in human embryology is an interleaved syllabus which will prove of great help to the student. He can follow the lecturer and jot down his notes apposite to the subject-matter on the blank pages. The author has worked the subject up well; the arrangement being excellent. The publishers have done their part with their usual excellence.

ESSENTIALS OF THE DISEASES OF THE EAR. Arranged in the form of questions and answers prepared especially for students in medicine and post-graduate students. By E. B. Gleason, S.B., M.D. Saunder's Question Compend, No. 24. Price, \$1. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894. An excellently arranged compend giving in a concise manner all the practical points of the ear and its diseases that students need acquire, either as under- or post-graduates.

A MANUAL OF HUMAN PHYSIOLOGY. Prepared with special reference to students of medicine. By Joseph H. Raymond, A.M., M.D. With 102 illustrations in text and 4 full-page colored plates. Price, \$1.25. Saunder's New Aid Series. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894.

This little work is based on the author's twenty years' experience as a lecturer of physiology. He has arranged the work so as to present vividly to the student's mind clear cut pictures of the main facts and principles of this branch of medicine. This he has done successfully and the student will find the book helpful and valuable.

A MANUAL OF HYGIENE. By Mary

Taylor Bissel, M.D. New York: The Baker & Taylor Co., 5 and 7 East Sixteenth Street. 1894.

This work is one of the numerous recent efforts to ease the pathway of the student and assist him to readily acquire the practical information of a given subject necessary to lay a good foundation for the finished superstructure in the future. Hygiene and preventive medicine have assumed such an important place in medicine of late years that a knowledge of the underlying principles should be acquired by every person of ordinary intelligence. This little work has built an easy road to this end and one that travels by it, will do so with pleasure and profit.

BOOKS RECEIVED.

THE PRACTICE OF MEDICINE. By William C. Goodno, M.D., Professor of Practice of Medicine in the Hahnemann Medical College of Philadelphia, Physician to the Hahnemann Hospital, etc., with Sections on "Diseases of the Nervous System," by Clarence Bartlett, M.D., Lecturer on Nervous and Mental Diseases in the Hahnemann Medical College of Philadelphia, Senior Neurologist to the Hahnemann Hospital, etc. Vol. I. Specific Infectious Diseases and Diseases of the Nervous System. Illustrated. Price, per volume, cloth, \$6.00; sheep, \$7.00; half-Russia, \$8.00, net. Philadelphia: Hahnemann Press, P.O. Box 844, Publishers. 1894.

Some months ago, the publishers of this important work announced that the first volume would be ready October 15, 1894, and promptly on date it was ready for distribution to the subscribers. The work being received just as we go to press, it will be reviewed in our December number. The following is the author's preface:

"In the preparation of this work the author has endeavored to write from a thoroughly practical standpoint. That there is a place in Homœopathic literature for such a treatise, will, it is believed, be generally admitted. In the therapeutic sections the aim has been, to consider the relationship of medicines to disease conditions, especially from the supreme position of clinical experience, which must always prove the ultimate test of the value of any remedy. This treatment of the subject avoids certain objectionable methods of the past, particularly the introduction of large numbers of symptoms from the *materia medica*, upon theoretical grounds only, and the failure to indicate the

relative clinical value of medicines. The sections upon therapeutics contained in a work upon the practice of medicine, are not of sufficient magnitude to permit of the inclusion of extensive discussions in special therapeutics, or the introduction of the *materia medica* bodily. Auxiliary methods of treatment have not been omitted, since a complete guide to practice must include all important therapeutic measures, even if infrequently employed.

"The preparation of the section treating of Diseases of the Nervous System, has been committed to Dr. Clarence Bartlett, who has undoubtedly presented the subject more satisfactorily than is possible for one whose studies embrace the domain of general medicine. Dr. Bartlett has also rendered most valuable assistance in the collection and elaboration of material for other portions of the work. The article upon Syphilis is entirely from his pen.

"Acknowledgments are also due Dr. Claude R. Norton, for aid in the reading of proof, and for many valuable suggestions; to Dr. Edward R. Snader, for a variety of services in the preparation of the section upon the Diseases of the Chest; and to Dr. W. D. Bayley, for assistance in revising the manuscript and correcting the proof of the section on Nervous Diseases. To my colleague, Dr. Charles M. Thomas, I am indebted for most valuable criticisms, which have greatly enhanced the value of the work."

LANDMARKS IN GYNÆCOLOGY. By Byron Robinson, B.S., M.D. Volumes I. and II. The Physician's Leisure Library. Single copies in paper, 25 cents. Detroit, Mich.: George S. Davis. 1894. A valuable treatise in a handy style for reading at odd moments.

APPENDICITIS: A TIMELY OPERATION. By Howard Crutcher, M.D. Chicago: Reprint from *The Medical Current* for October, 1894.

THE THERAPEUTICAL APPLICATIONS OF PEROXIDE OF HYDROGEN (medicinal), Glycozone and Hydrozone. By Charles Marchand, Chemist, graduate of the "Ecole Centrale Des Arts Et Manufactures De Paris" (France). Treatment of Diseases caused by Germs, Bacteria, Microbes. Eighth edition. New York. 1894. A most excellent presentation of the practical use and application of the above well known valuable remedies.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.—The regular monthly meeting of the society was held at the Hahnemann Medical College, on the evening of October 11, 1894, forty-eight members and six students being present. Drs. B. Frank Kehler and Edgar P. Brunner were elected to membership. Drs. Julia Gould Waylan, J. Q. Griffith, and W. M. Hillegas, made application for membership.

The committee to whom the recommendations contained in the president's inaugural address were referred, reported that it would advise the adoption of the suggestions, which were as follows:

1. That greater prominence than common be given to Homœopathic therapeutics in our papers and discussions.

2. That the Committee on Organization, etc., be instructed to communicate with the various authorities, to make effectual the work of State Medical Examiners and Licensers, especially by seeking to have uniform requirements exacted in all the States.

3. That the same committee shall report the number of free dispensaries under the control of Homœopathic physicians of Philadelphia, and, if possible, to what extent these foster patients who are able to pay fees, to the detriment of patients really requiring charitable treatment.

4. That the society appoint a special committee to formulate a new fee bill.

5. That the Committee on Legislation proceed at once to take such steps as shall insure State and City aid for our Homœopathic hospitals.

6. That the Committee on Hospitals for the Insane prepare a bill for the establishment of an asylum for patients desiring homœopathic treatment, to be reported to the State legislature at the beginning of the next legislative session.

All of the recommendations were then, on motion, adopted by the society, and the proper committees instructed to take the matters in hand.

The committee to prepare a new fee bill, as appointed by the president, is as follows:

Dr. B. F. Betts, chairman; Drs. W. C. Goodno, C. M. Thomas, H. E. Ivins, W. B. Van Lennep, C. Bartlett, E. M. Gramm, E. W. Mercer, E. R. Snader.

The committee appointed to prepare a suitable minute concerning the death of Dr. J. H. Young and Dr. James Kitchen, reported these resolutions:

WHEREAS, We have learned with

sorrow of the death of Dr. John H. Young, at Mount Airy, June 21, 1894, Therefore,

Resolved, That by the death of Dr. Young we have lost a useful and important member; the profession an arduous worker; his patients a conscientious, faithful, and competent adviser; his friends a true Christian gentleman.

Resolved, That we desire to express to the bereaved widow and son our sincere sympathy in their hour of trial.

Resolved, That a copy of these resolutions be placed upon the minutes, and one forwarded to Mrs. Young, and that they be published in the HAHNEMANNIAN MONTHLY.

WHEREAS, In the providence of the Almighty it has pleased Him to permit the completion of so noble a life and character as has been exemplified in our colleague and friend, the late James Kitchen, M.D.,

Resolved, That in his demise, although at a time of life which could scarcely be expected to be prolonged, the profession has lost a most valuable and distinguished member, the laity a noble philanthropist, and his family (to whom we extend our heartfelt sympathy) a loving, kind, and gentle head.

Resolved, That we regard the emulation of his character and accomplishments in the profession as the highest aim any of us may hope to attain.

Resolved, That this report be spread upon the minutes, published in the HAHNEMANNIAN MONTHLY, and that a copy be sent to the bereaved family.

The committee on entertainment of the State society reported having arranged for a reception and collation to the visiting members of the State society, and the physicians of Philadelphia, on the evening of September 19th, at the Bellevue. After paying all expenses a balance of \$117.50 remained, which the treasurer of the committee had paid to the secretary of the Society. On motion of Dr. W. H. Keim, the treasurer of the society was directed to forward to Dr. J. F. Cooper, treasurer of the State society, \$125.00 as a contribution from the county society towards paying a portion of the floating debt of the State society.

The committee on Hahnemann monument reported, through Dr. C. S. Schwenk, that it was making progress. On motion, it was accepted, and the committee continued.

The committee appointed to present the views of the society against listing tuberculosis among the contagious

diseases, reported progress. On motion, the report was accepted and the committee discharged.

The committee on fund for aged and indigent physicians reported progress. The report of the committee was accepted and the committee continued.

The committee to whom the by-laws, introduced at the last meeting, were referred, reported them back to the society with some alterations. As reported, they were adopted, with the exception that in Article 8 the words "by public press," were stricken out.

The committee was given a vote of thanks for its labors and discharged.

The standing committee on aged and infirm physicians, created by the new by-laws, was announced by the president to be—Dr. T. Hart Smith, chairman; Drs. C. S. Middleton, J. H. Reading, Eliza Lang McClure, and Mary Branson.

The Bureau of Sanitary Science presented for discussion a paper by Dr. Pemberton Dudley on "Bovine Tuberculosis—Its Present Sanitary Aspect," which was discussed by Drs. B. W. James, Charles W. Karsner, T. H. Carmichael, Aug. Korndorfer, E. H. Van Deusen, and W. W. Van Baun. At the close of the discussion Dr. Christine moved as follows:

Resolved, That this society place itself on record as favoring the exercise of every possible sanitary measure for the suppression of tuberculosis in cattle, and that equitable compensation be made by the State for infected cattle destroyed.

Dr. G. M. Christine read a paper on "Infection in the Communion Cup; the Necessity for a Reform in the Communion Service. Those who participated in the discussion were—Drs. E. H. Van Deusen, Pemberton Dudley, W. W. Van Baun, B. W. James, C. V. Vischer, W. H. Keim, and John C. Morgan.

Dr. M. M. Walker asked the privilege of introducing a resolution providing for the incorporation of the society, which was granted, and the resolution referred to the Committee on Organization, for report thereon at the November meeting.

On motion, adjourned.

EDWARD M. GRAMM, M.D.,
Secretary.

NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY. — The fortieth semi-annual meeting of the New Jersey State Homœopathic Medical Society met at Newark, October 2d and 3d.

It was one of the most successful

meetings as regards numbers and interest that has been held for several years.

For some years past interest in the work of the society has been on the increase and the climax is evidently not yet reached.

The meeting was called to order at 2 P.M. by President G. T. Applegate, M.D.

Prayer was offered by Rev. D. R. Fraser, of the First Presbyterian Church of Newark.

A few remarks of an introductory character were made by the President, after which the scientific work of the society began.

The Bureau of Practice presented four papers, viz.: (a) A Brief Report of Twelve Cases Treated With Stannum Iod., by Dr. M. S. Youngman, of Atlantic City; (b) Hay Fever, by Dr. G. Herbert Richards, of Orange; (c) Some Remarks on Pleuritic Effusions, by Dr. F. P. McKinstry, of Washington, and (d) The Electric Current in Multiple, by Dr. N. C. Ricardo, of Passaic.

Dr. Youngman's paper was an interesting record of cases benefited by stannum iod., a new and as yet unproven drug.

Mention should be made of Dr. Richards's paper on Hay Fever, as it was a very interesting *résumé* of what is known to date as to the ætiology, pathology, local, constitutional and climatic treatment of this peculiar disease.

One of the features of the session was the report of the Bureau of Sanitary Science, on the subject of Bovine Tuberculosis.

Dr. Bushrod W. James, of Philadelphia, read a paper on "Bovine Tuberculosis; its Relation to the Public Health," and Dr. H. M. Paine, of Albany, followed with "The Communicability of Tuberculosis by the Milk and the Flesh of Cattle." Both papers were thorough and exhaustive. The points emphasized were: the similarity if not the identity of the tubercular process in man and kine; the possibility of infection by meat and milk and hence the great importance of State supervision of the health of cattle and of the meat and milk supply of towns and cities.

Dr. Dennis, of Newark, member of the State Board of Health, contributed to the discussion.

He stated that the city of Newark is being supplied with what is known as "certified milk." A farm has been provided where the cows are stabled.

The herd is inspected once a month and the milk is examined frequently by a bacteriologist. All care is taken to prevent contamination of milk which is first sterilized, then put in jars, packed in ice, and delivered every morning to customers.

It is very popular in Newark as a food for infants and for family use.

New York State has adopted a plan for the eradication of the disease.

The diagnosis is made by the tuberculinum test. After inoculation if a rise of temperature occurs amounting to 24° the animal is tuberculous. A rise of 1° is suspicious and most of such cases later develop tubercle.

Upon the strength of this test New York has destroyed thousands of cattle.

In proof of its reliability the figures show that out of 223 cows examined, 138 gave high temperature and 131 proved tuberculous.

In another instance 816 animals were tested, 345 reacted and 344 were tuberculous.

It has been objected that other conditions may cause the rise in temperature. This is true but they can usually be excluded by a careful diagnostician.

Pregnancy, for instance will cause a rise to 103° sometimes. The normal temperature in cows is 101° to 102° .

Dr. McDonald said he had been informed that the use of sterilized milk had been abandoned in the New York Foundlings' Home, because it failed to nourish the children.

Dr. Anderson said he had observed the same fact in his practice in Newark. Drs. Condit and Gile were of the opinion that inasmuch as the disease was so prevalent in blooded stock, it was due to the fact that most of such cows were imported from a warmer climate. Dr. H. M. Paine stated that at the Westboro Insane Asylum in Massachusetts in a herd of forty, there are two or three cases every spring.

At the Ovid Hospital at one time the whole herd of 200 was found to be infected.

At Rochester in a very fine herd which furnished butter to the best hotels, more than one-half of the herd was tuberculous.

Henry Ward Beecher's grandson died of tubercular meningitis at the country seat at Peekskill. There was no family history of tubercle but two cows on the farm were found to be infected.

If 1 to 1 of all deaths are caused by tuberculosis it behooves us to give such facts as have been presented our serious attention.

The next paper was one prepared for the Bureau of Surgery by Prof. N. O. McDonald, M.D., of New York. As this bureau did not report until Wednesday and the doctor could not be present, he was requested to read his paper at this point. The subject as announced was "Abdominal Section in the Treatment of Ascites." The doctor contended that section is not as harmless as is often claimed and death has followed the operation; that a diagnosis can usually be made without it by the physical signs and a microscopic examination of the fluid drawn by aspiration. That it is useless in ascites caused by disease of the heart, liver or kidneys, but that it is the proper treatment for peritoneal dropsy whether tubercular or not.

The Bureau of Gynecology reported two papers. The first by Alice M. Condict, M.D., of Orange, on "Healing Lacerations of the Cervix Uteri without Surgery."

The doctor uses a 50 per cent. dilution of nitric acid with water, applied on cotton to the affected part and followed with an application of *pinus canadensis*.

She began this treatment under Dr. Julia Holmes Smith, of Chicago, continued it during her experience as a medical missionary in India and since her return to this country has used it largely and with success.

During this treatment the galvanic current is applied to the cervical canal and endometrium.

The second paper contributed by Dr. Chas. A. Church, of Passaic, was entitled "Unsuccessful Gynecological Operations in the Light of some Recent Developments."

The writer referred to the fact that some operations, although skilfully performed and perfectly recovered from, are not successful in removing the suffering for the relief of which they are performed. He believes the cause of failure lies in the fact that sympathetic nerve filaments were lacerated and pinched during operation and in the healing process. The application of the principles of official surgery is the solution of the problem, and the doctor advocates the newer method of operation, without clamp and ligature, as far as possible.

The banquet held on Tuesday night at the Park House, was a social and informal affair.

Instead of the usual toasts, the president suggested a series of short talks from all present on the improvement of our society and the advancement of our cause in the State. The responses formed a pleasing and profitable feature of the meeting.

The session on Wednesday, October 3d, began at 9.30 A.M.

The Bureau of Ophthalmology, Otology and Laryngology was the first to report.

This bureau has just been added to the list, and in this, its maiden effort, made a very creditable showing.

All the papers were plain and practical and well adapted to help the general practitioner.

The following papers were read and discussed:

(a) Salutory; with Supplemental Hints on Specialism in its Relation to General Medicine. By C. H. Hubbard, M.D., Chairman of Bureau.

(b) Eye Mistakes. By E. M. Howard, M.D., of Camden.

(c) Spectacles. By B. H. B. Sleght, M.D., of Newark.

(d) Cleanliness in the Treatment of Nasal Catarrhs. By C. Herbert Church, M.D., of Passaic.

The Bureau of Obstetrics reported a paper on Post-Partum Hæmorrhage, by J. K. Mulholland, M.D., of Newark, which was read and discussed.

The Bureau of Surgery reported the following papers:

(a) A Fractured Patella. By H. F. Nichols, M.D., of Hoboken, Chairman.

(b) Pelvic Abscess. By F. P. Leferts, M.D., of Belvidere.

(c) Phimosis. By Bernard Clausen, M.D., of Hoboken.

The writers not being present, the papers were read by title and referred to the Publication Committee.

Dr. C. W. Butler, of Montclair, Chairman of the Bureau of Materia Medica, read an instructive paper on the symptomatology of *asafœtida*.

After the final report of the Board of Censors and the election of five new members, the society adjourned to meet in Trenton on the first Tuesday in May, 1895.

F. P. MCKINSTRY, M.D.,
Secretary.

HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA.—The opening exercises of Hahnemann Medical College, which began its forty-seventh annual course of lectures with a largely increased number of students, were held in the amphitheatre of the hospital,

October 2d. Dr. A. R. Thomas, Dean of the Faculty, presided, and, after an address of greeting to the students, presented Dr. Pemberton Dudley, Professor of Institutes of Medicine and Hygiene, who delivered the introductory address.

Dr. Dudley said in part: "For at least a quarter of a century the history of the college presents a series of almost annual onward movements. To-day the school takes another long step forward in the abandonment of the three years' course and the establishment of a four years' course. As a result of this change the general didactic instruction will be less hurried, the laboratory and manual training exercises more proficient, and the college's own special system of clinical instruction, already the peer of that of any existing school, will be vastly improved and extended. Let us with our whole heart congratulate the incoming classes.

"It is with extreme regret that I have to announce that neither this nor any other medical school has as yet any special improvement to offer over the old-time final examination. Herein will be found one of the chief defects in our system of medical college education. The success and skill of the practicing physician depend very largely upon his powers of observation, his correctness of interpretation, his soundness of judgment and his manual dexterity. Yet his final examination, the ordeal to which his whole college career is brought for final judgment, is almost entirely restricted to his powers of memory. The faculty, I may say, has been instituting some measure of improvement, chiefly in the way of dividing these examinations into a number of parts and distributing them somewhat throughout the course and its terms, and we are desirous of further modifying it as careful study of the subject and further experience shall dictate.

"The criticism I have offered respecting the college examination applies with three-fold force to the recently established State board examinations, for, while the college examinations are chiefly directed to the student's power of memory, the State board examinations are entirely in that channel. It is encouraging to know that many of those engaged in the work of instruction in our public schools and other literary institutions are seriously considering the wisdom of adopting radical modifications of this unphilosophical custom. Well

may the medical educator wish them Godspeed."

The following appointments to the college staff were announced: J. C. Klapp, M.D., Professor of Chemistry; E. M. Howard, M.D., of Camden, Associate Professor of Materia Medica; W. B. Van Lennep, M.D., Associate Professor of Surgery; O. S. Haines, M.D., Clinical Professor of Medicine; H. L. Northrop, M.D., Adjunct Professor of Anatomy.

NEW YORK HOMŒOPATHIC HOSPITAL—NEW BUILDING.—The cornerstone of the new building of the New York Homœopathic Hospital, Sixty-third St. and Eastern Boulevard, was laid Tuesday afternoon, Oct. 2d, at 2.30 o'clock. Long before that time, the polished square of granite was surrounded by a crowd of students in the hospital and visitors. From the windows of the Flower Hospital curious faces peeped and watched the preparations which were being made. When all was in readiness the signal was given and from the door of the old building came Judge Rufus B. Cowing, president of the Board of Trustees; the Rev. Dr. John Wesley Brown, rector of St. Thomas's Protestant Episcopal Church; Dr. L. L. Danforth, Dr. T. F. Allen and Dr. William Tod Helmuth. The doctors wore their robes of office, with the crimson cape, and the Rev. Dr. Brown was attired in stole and surplice. A wooden platform had been erected, and from this the speakers delivered their remarks. Dr. Brown made a short prayer. At its end Judge Cowing left the platform, and, as the stone was slowly lowered, spread the mortar, and, tapping the stone three times with his trowel, said: "I lay the cornerstone of this building, which is to be devoted to the relief of suffering humanity according to the principles of medicine as practiced by us." Then a copper box was placed in the stone and cemented firmly. The box contained a history of the college, the last announcement of the institution, a copy of *The Chironian*, the students' paper; photographs of Drs. Allen, Helmuth and Dowling; a report of the women's guilds which support the hospital, and the architect's drawing of the new building as it will look when completed.

Professor Allen then spoke briefly. He said in part:

The erection of a new hospital in this city of charity is a great matter. The medical school connected with our

hospital has a twofold object—the instruction of students and philanthropy. And while philanthropy plays a second part, it will not suffer on that account, or because our institution is chiefly educational. On the contrary, the very fact that the institution is primarily for the teaching of the science of medicine is an incentive for the students to work all the harder to cure those who come under their care. In this hospital we shall prove the truth of homeopathy.

Dr. Helmuth then made an address, and was applauded. "Some years ago," he said, "there was an assemblage like that of to-day's here on this spot, which was then only a vacant lot. Then two cornerstones were laid—one for our hospital and the other for our college. The hospital was the Flower Hospital, and when Governor Flower's political record shall have been forgotten, there will be a record above, a record written by the angels and across that record will be the word 'Charity.'" (Applause.)

The benediction was then pronounced, and the exercises ended.

Among those present were Drs. John W. Dowling, R. H. Lyon, F. E. Doughty, St. Clair Smith, Malcolm Leal, Martin Deschere, Henry C. Houghton, Henry M. Dearborn, Charles McDowell, F. H. Boynton, George M. Dillon, Sidney F. Wilcox, G. G. Shelton, J. T. O'Connor, C. S. Macy, Edward Y. Tuttle and W. H. Bishop.

The new hospital will be four stories high, and its architecture will be in harmony with the surrounding buildings. On the first floor will be the male and female wards, with about sixty beds. On the next floor there will be fifteen private rooms, and on the third floor, the children will be taken care of in a big, bright, sunny ward.

MONTREAL, P. Q., HOMŒOPATHIC HOSPITAL.—October 2d was a memorable occasion for the citizens of Montreal who believe in homœopathy, for the Montreal Homœopathic Hospital was formally opened for work. This is one of the ends which has been desired since the early days when Dr. Fisher introduced homœopathy, nearly fifty years ago. By an act passed March 18, 1865, the Montreal Homœopathic Association was incorporated and given power to establish a dispensary, a homœopathic hospital and also a college. The hospital is now an accomplished fact, and all of those who thronged there were loud in their praises of its beauty and promise of success. The success is due to the

renewed work of the Homœopathic Association. The association received upon very favorable terms the gift of \$10,000 for the founding of an hospital. The offer was gratefully accepted on November 16, 1893, and less than one year from that time finds 44 McGill College avenue ready to receive patients.

The Woman's Auxiliary, which was formed by half a dozen ladies on February 17, 1894, has grown until it has a membership of over sixty, and by its work, in conjunction with the committee of management, the hospital has been fitted for use.

The Board of Governors of the Homœopathic Association consists of twenty-seven life governors, who are qualified by the payment of \$100, and twenty elective governors, qualified by the payment of \$10 per annum. Following are the officers: President, Mr. Samuel Bell; Vice-President, Mrs. Chas. Morton; Secretary, W. G. Nichol, M.D.; Treasurer, Mr. Jos. Gould. Executive Committee: Miss Ames, Mrs. W. B. Lindsay, Mrs. W. C. Van Horne, Mrs. Hector Mackenzie, Mrs. Thomas, Mrs. Nichol, Mrs. R. C. Fisher; and Advisory, John Wanless, M.D., Hugh M. Patton, M.D.; James Baylis, J. G. O'Connor.

A run over the hospital found the place in beautiful order. The board-room and nurses' parlor, on the first floor, had been turned into a veritable bower, with large palms and other graceful plants and cut flowers in profusion, while along one side of the rooms tables laden with all sorts of fancy work and candy, etc., were ranged, and did a thriving business. The wards upstairs, of which there are three, for men, women and children, are beautifully furnished. The beds are of the best description, while the walls, which are of artistic colors, are covered with choice pictures. One thing particularly that must be mentioned is the fact that a patient in the hospital may have his own physician in attendance. Everything is in perfect order and taste in the new hospital.

WAYNE COUNTY, N. Y., HOMŒOPATHIC MEDICAL SOCIETY.—The first meeting in several years of the Wayne County Homœopathic Medical Society was held at the office of Dr. J. A. Reed at Newark, N. Y., Wednesday September 19th. There was great interest manifested. Meetings will be held hereafter every three months. The next meeting will be at Savannah, December 15th. There was an attendance of twenty members.

THE HOMOEOPATHIC MEDICAL SOCIETY OF MASSACHUSETTS held its Fifty-fourth Semi-Annual meeting, October 9th, in Steinert Hall, Boston, with President John P. Sutherland, M.D., in the chair.

A variety of papers were read and discussed with great interest.

In a paper on "Some Remedies in Neurasthenia," read by Dr. Conrad Wesselhoeft, the author stated that no remedy will ever probably cover the whole case, and that it is a mistake to expect everything of medicine. Chronic cases of neurasthenia were pronounced to be closely allied to certain cases of chronic mania.

In the discussion that followed, Dr. Henry E. Spaulding held that neurasthenia was simply a symptom of an organic disease, and not the disease itself. He expressed the belief that in nine cases out of ten so-called cases of neurasthenia, it would be found that there is an organic disease back of it, which if found and relieved, the neurasthenia would be relieved.

Dr. Edward P. Colby read "Notes on Colchicum in Rheumatism," which he said he had found to be almost a sufficient remedy.

Dr. Frederick B. Percy furnished a valuable paper on the use of "Ledum Palustre in Rheumatism and Gouty Affections."

Dr. D. B. Whittier discussed this world-wide painful disease, and told of the necessity in treating it to get along with it as comfortably as possible. He laid great stress upon the eliminating of the rheumatic poison by perspiration. In the matter of diet he asserted that there are cases that will get better upon acids, while others will be made worse.

Dr. Walter Wesselhoeft said there were a few remedies for rheumatism upon which he had come to rely as much as any one could, but he would not pretend to precisely lay down any one remedy. Individual cases should be carefully studied, the remedy and diet carefully tried at intervals long enough to warrant reasonable observations, and then, in case of failure, to try others.

Dr. W. P. Defriez read a very instructive paper on "Verifications." If the doctors fail to take note of all symptoms, they certainly miss the mark.

"Bryonia" was the subject of Dr. J. J. Shaw's paper. He doubted whether any other remedy had done better work.

At the evening session the report of

the Committee on Dermatology, Syphilology and Genito-Urinary Diseases was made by the chairman, Dr. John L. Coffin. He also read a paper on some cases of skin disease.

The other papers read were "Differential Diagnosis of Specific and Unspecific Erethritis," by Dr. O. B. Sanders; "Report of a Case of Multiple Round-celled Sarcoma," by Dr. F. P. Batchelder; "Report of a Case of Syphilis Contracted in an Unusual Way," by Dr. Geo. B. Rice; "Some Remarks on the Treatment of Gonorrhœa," by Dr. S. H. Blodgett.

At the close of the bureau the members of the society, to the number of 150, adjourned to the Hotel Thorndike for dinner. The event of the evening was Dr. Spaulding's paper on "Medical Fads, Past and Present; Their Relationship to the So-Called Specialties."

In brief, he said that medical practice was gradually overthrowing the theories, the charlatanry and the fads of the past. Scientific research was profiting by the mistakes of those who had gone before. Medical fads were the warts on the face of history. He spoke of the ancient idea that digitalis was under the influence of Venus and henbane under the influence of Saturn. Then he spoke of various medical fads which had taken the fancy of the public and by which medical charlatans had reaped a golden harvest.

He referred to the sympathetic powder, which he called nothing but potentialized moonshine, to mesmerism, galvanism, magnetism and hypnotism. He said that Mesmer, who had studied astrology, used a sensational method of healing.

Mesmer had crowds of patients, who were shown into a dimly-lighted room. They joined hands in a circle, and to the soft strains of music Mesmer stroked some, pointed his fingers at others and gazed at the rest. Some were convulsed, while many suffered from vertigo, but only a few were healed. Mountebanks and jugglers followed in Mesmer's wake, and he finally left Paris in disgrace.

Then he spoke of Dr. Perkins' fad, which was patronized at the Royal Hospital in Copenhagen, and the Thompsonian cure or botanic theory. Dr. Thompson taught that the earth dragged people down and that plants had an opposite tendency; therefore, he advocated the use of herbs. His theories caught the ear of the public, and the fad became popular for a time.

About the middle of the century there was a tide in favor of hydro-pathy, or the water cure, and drugs were thrown to the dogs, every man thinking that he could be a physician to himself. This fad proved injurious and deadly.

Then came the blue glass craze, representing an elaborate experiment for imparting invigorating power, but the wonderful blue glass theory proved only a fad, and is now a relic of the past.

The blood-drinking fad followed, and everybody was given over to drinking bullock's blood for the healing of the sick.

Brown-Sequard thought he had discovered the elixir of life in his fluid, but none of the failures of Brown-Sequard were reported.

Dr. Hammond's gray matter theory and Dr. Cook's tuberculine fad came next, and then bacteriology let down the bars and everybody was talking about seed germs of disease in the body.

All these fads, Dr. Spaulding said, gained popularity because of the unbridled zeal of their so-called discoverers.

There were fashions in drugs as in dress. Specialists were largely responsible for medical fads. He contended that medicine and surgery were not exact sciences, and that it was impossible for one man to keep pace with their growth.

In closing, Dr. Spaulding paid a compliment to the accredited author of "Official Philosophy," saying: "It is the greatest truth of the present generation and that it must revolutionize the entire practice of medicine in the treatment of chronic diseases. Homœopathic physicians must not be too hasty in condemning the new and untried. It is not half so important to know where we stand as where we are going."

The session of the second day was opened with a surgical clinic at the Massachusetts Homœopathic Hospital at 9 o'clock. At 10 o'clock the regular work of the convention was taken up, and the following new members were voted in, having been approved by the Board of Censors and recommended by the Executive Committee: Drs. Jennie S. Dunn, East Boston; Charles S. Gleason, Wareham; J. Herbert Stevens, Malden; Noble H. Hill, Boston; Willis M. Townsend, Melrose Highlands.

The Bureau of Surgery then reported, and the following papers were

read and discussed: "Diagnosis of Malignant Growths," Nathaniel W. Emerson, M.D.; "Results of Operation for Malignant Growths," Horace Packard, M.D.; "Treatment of Non-operable Cases of Malignant Growths," W. S. Smith, M.D.; "Present Status of Electro-Therapeutics in the Treatment of Malignant Growths," Wm. A. Jackson, M.D.; "An Unsuccessful Case of Appendicitis," W. J. Winn, M.D.

The Bureau of Ophthalmology, Otology, Rhinology and Laryngology presented six very interesting and instructive papers, which were thoroughly discussed.

In the afternoon the Bureau of Gynecology presented its report. Papers were read by Drs. Alonzo Boothby, Joseph Chase, John F. Worcester, Adeline B. Church, W. J. Winn.

After the transaction of some routine business the session adjourned.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.—The opening exercises of the Homœopathic Medical College of Missouri took place September 18th at the school building on Jefferson Avenue and Howard Street, St. Louis. The attendance was the largest in the history of the college, which was founded in 1857. Dr. Wm. C. Richardson, the dean, and the other members of the faculty were present.

Dr. W. B. Morgan, Professor of Surgery, delivered the address to the students. After remarking upon the various causes that incite young men to select the medical profession as their life work, Dr. Morgan said:

"From your text-books and teachers you will gradually learn the details of our art. A deluge of facts and opinions will be put before you that it will take years for you to digest and fully understand. Accept the facts and treasure the opinions of your teachers, but do not allow your minds to become biased concerning any of the medical theories. Many old-school doctors, who do not know anything about it, are as afraid of homœopathy as a mad dog is of water, and some homœopathic doctors are just as rabid. Now, I hope you will never allow yourselves to get into such a state of mind that you cannot and will not be able to weigh fairly the evidence on both sides of any question. Such an ability is a requisite to true student life. Without it learning may be a fabric of delusions. The history of medicine in the past has been a succession of fanciful theories. There is no dearth of theo-

ries at the present time, nor of bigotry concerning them, but there is a new spirit of judicial investigation growing in the profession. By the microscope and other searching means of investigation the theories concerning disease and its treatment are being put to a test that will forever dispel many of the delusions and establish many facts in medicine. Most of us in the homœopathic school have by our practice and teaching admitted that Hahnemann, like most enthusiasts, claimed too wide a scope for the homœopathic law. Most of his followers employ many resources not in keeping with the law, but a hundred years' experience has proved this, that all these other resources are empirical, and that there is no law in therapeutics but that of similars. The law is a trade-mark that we are proud of. Scientific investigation may help to define its province but cannot overthrow it. Old-school prejudice may keep up partisan feeling for awhile longer, but it cannot suppress the truth. Already, ptomaines are recognized old-school remedies for the diseases in which they are produced, an ever-increasing amount of their therapeutics is adopted from our text-books, and there are few allopathic doctors who do not do considerable homœopathic prescribing, though some of them do not know it, and some of them would not own it if they did. The general recognition and acceptance of whatever truth there is in homœopathy and the giving of due credit to those who have established that truth is not far distant. The elimination of bigotry from our ranks will do much to hasten that end, and I urge you who are just coming to us to carefully avoid any such tendency."

The doctor concluded his address with a few words of advice of a general nature.

THE DENVER HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL formally opened its doors October 3d. This is the legitimate result of the homœopathic convention that was held in Denver in June. The college occupies a suite of six rooms in the Pioneer Building, and has, besides lecture rooms, operating rooms, studies, a laboratory, which is as complete as any in the city, although not as large as some others. The laboratory is in charge of Dr. C. E. Tennant, an expert chemist.

A large attendance was present at the opening exercises. The introductory address was given by

Professor N. G. Barnham, M.D., president of the board of trustees. This was followed by an address from Professor S. S. Smythe, M.D., dean of the faculty.

The introductory lecture of the course, and the first of a series upon theory and practice, was given by Professor Eugene F. Storke, registrar of the faculty. Dr. Storke's lecture referred to the commercial importance and business advantages of Denver. In view of these facts, he suggested that a great deal of attention should be paid to the development of the various educational institutions in this vicinity. Homœopathy has been without a representative or exponent in the way of an educational institution within one thousand miles of Denver, and Denver is to be congratulated upon having such advantages for the higher education of students in this branch of medicine.

The college opens with an enrollment of twenty-five, which will be increased during the next few weeks, as the college becomes better known.

NORTHERN INDIANA AND SOUTHERN MICHIGAN HOMŒOPATHIC MEDICAL SOCIETY.—The seventh semi-annual meeting of the Northern Indiana and Southern Michigan Homœopathic Medical Association was held in Elkhart, Ind., September 27th, Dr. W. D. Chaffee, Vice President, in the chair. Among those present were Drs. R. N. Morris and S. T. Mitchell, Constantine; C. H. Meyers, W. D. Chaffee and R. L. Stine, South Bend; George L. Shoemaker, Nappanee; W. A. Whippy, Goshen; W. H. Criswell, Edwardsburg; H. C. Allen, T. C. Duncan, W. A. Smith, T. S. Hogue, and C. E. Fisher, Chicago; T. C. Buskirk, White Pigeon; A. L. Fisher, Porter Turner, H. A. Mumaw, Mrs. S. M. Devor, Elkhart; Dr. C. L. Dreese, Goshen, and T. V. Roy, Valparaiso. A large number of letters and telegrams were received and read, from members, prospective as well as actual, expressing regrets at their inability to be present, and wishing the society a profitable session and continuous prosperity.

The meeting was called to order at 11 o'clock by the second vice-president, Dr. Morris, in the absence of Dr. Chaffee, and after roll call, the minutes of the previous meeting were read by the secretary, Dr. Mumaw, and approved.

The names of Drs. T. S. Hoyne, J. F. Beaumont and E. W. Sawyer, Chi-

cago; U. W. Reed, North Manchester; Ada B. Morgan, South Bend; J. E. Barbour, Bristol, and Alfa R. Leib, Elkhart, were presented for membership. The chairman appointed Drs. Turner, Duncan and Criswell, a committee on credentials. The report was favorable and the election of applicants unanimous.

After some other preliminary business, the members repaired to the Hotel Bucklen, where they were royally entertained by the new proprietor, Mr. W. R. Cushman.

Promptly at 1.15 P.M. the meeting was again called to order, when reports of the necrologist and delegates from other societies were in order. In the absence of the necrologist, Dr. Thomas, the report was deferred until the next meeting.

Dr. Hoyne spoke in his apt style of the good work of the Chicago Society of Materia Medica; Dr. Beaumont had a good word for the Chicago Homœopathic Medical Society; Dr. Duncan, the untiring worker in the interests of the American Institute of Homœopathy, spoke of its flourishing condition; Dr. Smith added a few encouraging words for the Chicago Baptist Hospital.

Reports of Bureaus was next in order. Chairman, Surgery, Dr. Meyers; Ophthalmology, Dr. Kreider; Practice, Dr. Duncan; Materia Medica, Dr. Butchel; Gynæcology, Dr. Greene. The following timely papers were read and fully discussed by all the members present: "Artificial Diseases," by Dr. Sawyer. "Chronic Pus Poisoning," by Dr. Allen; "Surgical Preliminaries," by Dr. Howard Crutcher, of Chicago. (Read by the secretary). "Nervous Diseases Due to Eye Strains," by Dr. Beaumont; "Beauties of Homœopathy," by Dr. Whippy; "New Cure for Consumption," by Dr. Duncan; "Local Application as Curative Measures," by Dr. Smith; "A Therapeutical Ollapodrida," by Dr. Fisher. Dr. Hoyne, the veteran editor and lecturer, as well as practitioner, acted as general critic.

Chairmen of Bureaus for next meeting were appointed by the president as follows: Surgery, Dr. Fisher; Ophthalmology, Dr. Beaumont; Materia Medica, Dr. Buskirk; Practice, Dr. Criswell; Gynæcology, Dr. Morgan.

A bill of \$16.60 for printing, postage and other expenses, was presented by the secretary. Allowed and ordered paid.

Mr. T. V. Roy, a native of East India, was elected an honorary member of the society. He spoke of the

sanitary condition of his country in an interesting and emphatic style.

Dr. Dreese presented an interesting clinic, which was reported by Dr. Beaumont.

The meeting was one of unusual interest and profit. All the members expressed themselves as highly pleased with the work done, and agreed to return again at the time of next meeting.

A cordial invitation is extended by the officers of the association and the local fraternity to the members of the profession to be present and take part in the deliberations.

THE WASHINGTON, D. C., HOMŒOPATHIC MEDICAL SOCIETY met on Tuesday, Oct. 2d, at the dispensary building. After the usual preliminary business, the application of Dr. Swartout for membership was taken up for consideration, and he was duly elected. An application from Dr. Hawley was received and referred to the Board of Censors.

The Legislative Committee reported through Dr. Custis, stating that there has been another attempt made to start a bogus homœopathic medical college. The committee, in accordance with previous instructions, had filed a bill in equity, seeking to enjoin the promoters of this scheme from proceeding any further with it, but in addition, with the assistance of a clever female reporter on the *Evening Star*, had secured her matriculation at the proposed college, coupled with the promise of graduation after one year's study, as well as other details of the proposed institution, all of which appeared in full in a two-column article in the *Star*. Dr. Custis considered this especially important in suppressing this "college," and expressed the society's appreciation of the *Star's* action. In addition to this article, there was an editorial paragraph emphasizing the facts in the case, followed after a few days by an attempted reply from the "college," together with a crushing rejoinder from the *Star*.

Dr. Gilbert presented a resolution of sympathy to the relatives of Dr. Osmun, late inspector of infectious diseases, who died from diphtheria contracted in line of duty, and expressed his appreciation of the uniform courtesy of Dr. Osmun toward homœopaths.

Dr. Babbitt presented the report of the bureau of gynæcology, stating the regret of the society at the absence of Dr. Smedley, who was expected to read a paper on "Pelvic Abscess." Dr. Gardner read a paper on the

"Use of Electricity in Uterine Disease," reporting a number of cases, especially several cases of endometritis, which had resisted all other treatment and had been cured by electricity. Dr. Babbitt read a paper on "Ectopic Pregnancy," and included therein a report of a case of ectopic pregnancy occurring near the beginning of the present century, with the treatment approved at that time, and concluded with the astonishing statement that the woman recovered. After free discussion, the society adjourned, after appropriating \$100 for the Hahnemann statue fund.

Z. B. BABBITT, M.D.,
Secretary.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.—The Forty-third Semi-annual Meeting of the State Homœopathic Medical Society opened at the State Hospital, in Middletown, at 12 o'clock, September 25th.

The meeting was held in the amusement hall of the hospital. The stage was prettily decorated with potted plants and ferns. There were a number of the hospital attaches present, besides the physicians.

The meeting was called to order by Medical Superintendent S. H. Talcott, who announced that Dr. Sly, the president of the Society, would be unable to be present. Dr. Talcott then announced Dr. E. J. Bissell, of Rochester, as chairman of the meeting. The naming of Dr. Bissell was received with applause. Dr. Bissell, on taking the chair, called on Rev. Mr. Phelps to lead in prayer.

In the address of welcome by Dr. Talcott, which followed, the doctor gave a *résumé* of the glorious work accomplished in the State Hospital in this city. He spoke of the exhilarating climate of Middletown and the advantages gained by the patients in the diets of hot milk and other hot foods, the use of which had almost marked an era the treatment of weak and debilitated cases. He gave a brief outline of the origin of the institution and the work it was doing and had done. The doctor spoke to an appreciative audience, and was applauded at the close of his address.

At the conclusion of Dr. Talcott's address, the chairman, Dr. Bissell, briefly addressed the Society, congratulating them on the pleasant surroundings of their present meeting-place. He appointed the following Committee on Attendance: Doctors C. Spencer Kinney, E. Hasbrouck and M. C. Ashley.

Dr. Bissell also appointed as a Board of Censors the following: Drs. E. E. Snyder, of Binghamton; C. Spencer Kinney, of Middletown.

The minutes of the last meeting held at Albany, February 13th, were read by Dr. John L. Moffat, of Brooklyn.

The applications for membership were then read by the chairman of the Board of Censors, E. E. Snyder, of Binghamton.

Next on the programme was a paper by Dr. J. W. Candee, on the "Garbage Question." Dr. Candee announced that he also had a paper by Dr. Payne, of Albany, on "The Communicability of Tuberculosis through the Flesh of Kine."

The paper on "The Garbage Question" was first read. Destruction of garbage by fire was commended on sanitary principles. The crematory, however, does not offer satisfactory results, from the expense of operation, etc. Manufacturers of crematories would not undertake to contract for the removal of garbage, but would sell their outfits to a city government.

To summarize, the following points are offered for consideration:

Immediate disposition of garbage is a growing necessity of cities and large villages.

Time-honored methods of disposal, including burial near by, and dumping into waters are unsanitary and unsafe.

Satisfactory disposition must include destruction of garbage with its noxious residuum.

Destruction by fire is thoroughly sanitary, but unnecessarily expensive.

Treatment by extraction or reduction is most desirable because it is correct in principle and can be offered in sanitary manner and at the minimum of expense to the community, while incidentally creating a useful industry.

On motion, the privileges of the floor were extended to any physicians who might be present, who were not members of the society.

Dr. Talcott suggested at this point that before entering into a discussion of the paper on garbage it would be well to proceed to luncheon. The doctor named the lunch "a Swedish Smorgasbord." A recess was then taken to compare and contrast this new-fangled, unpronounceable foreign importation of the doctor's with the regular Yankee article.

The Bureau of Obstetrics reported at the afternoon session. Papers were read by Drs. L. L. Danforth, E. G. Cox, and Harrison Willis.

The Bureau of Ophthalmology and Otology was then given a hearing, the

first paper being presented by Dr. Henry C. Houghton, of New York, his subject being "Aural Massage."

The secretary of the society, Dr. John L. Moffat, then took the chair. Dr. E. J. Bissell read a paper on "Strabismus," in which he gave many valuable suggestions to oculists, and cautions to all who make much use of the eyes.

The final paper of the afternoon was read by Dr. C. H. Helfrich, of New York, on "Exostosis of the Auditory Canal; Operation with the Dental Drill." An adjournment was then taken until 8 o'clock.

During the evening session, the report of the Necrologist was read. Sketches of the lives of Drs. Lucien B. Wells and H. M. Dayfoot were read by Dr. E. Hasbrouck.

The committee on Hahnemann statue then made some telling speeches, and the chair appointed Drs. Wright, Smith and Lee a committee on collections.

Members subscribed \$535.

Under the Bureau of Materia Medica, secretary Moffat read a paper by Dr. Kraft, of Cleveland, Ohio, on "Potency," and under the Bureau of Gynaecology Dr. E. E. Snyder, of Binghamton, read a paper on the "Conservative Treatment of Acute Salpingitis." Finally, Dr. Latimer read a very live, up to date paper on "The Bicycle in Relation to Diseases of Women."

The Bureau of Clinical Medicine and Pathology was given a hearing on the morning of the second day, and also the Bureau of Surgery. Dr. H. M. Paine read a lengthy paper upon the "College of Physicians and Surgeons of New York," which occupied the attention of the meeting for the greater part of the morning.

The afternoon session was devoted to papers from the Bureau of Necrology, the Bureau of Pædology, and the Bureau of Laryngology and Rhinology.

The two days' meeting of the society was brought to a close at a late hour in the afternoon and is considered to have been one of the most successful meetings in the history of the society.

While the attendance was not as large as was anticipated, nor as great as that at some previous meetings, it is generally conceded that the character of the papers which were presented by the members was equal to if not superior to any that have been presented in recent years.

Before adjournment a resolution of

thanks to Dr. Talcott and his associates was presented by Dr. A. R. Wright, of Buffalo.

SOUTH-CENTRAL PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY.—

The regular quarterly meeting of the South-Central Pennsylvania Homœopathic Medical Society convened in the parlors of the American Hotel at Mechanicsburg, Pa., October 9th, at 12 M. sharp. The President, J. Ross Swartz, M.D., in the chair. After the roll-call and the reading of the minutes, the board of censors reported favorable to the election of Dr. J. A. Morrett, of Mechanicsburg to membership. This makes a total membership of twenty-five.

Dr. Deardoff then presented a clinical case of "Scirrhus Carcinoma of the Right Mammary Gland." The mutual prognosis of the several physicians present was decidedly unfavorable because of the malignancy and devitalizing character of the disease. The doctor also reported several clinical cases of medullary cancer of the cervix.

The next subject for discussion was "Cholera Infantum." The introductory remarks were made by Dr. G. P. Arnold, of Dillsburg. Others participating in the discussion were Drs. Bulick, Dehoff, Deardoff, Spangler, Brown, Brandt, Hoover, and Swartz. The chief points elicited were vigilance, pure air, proper food for babe and mother, soothing rectal and colon flushings, prohibition of food during period of emesis, and careful homœopathic medication.

At the conclusion of the discussion, the president appointed T. M. Bulick, M.D., of Harrisburg, S. G. A. Brown, M.D., of Shippensburg, and J. B. Spangler, M.D., of Mechanicsburg to prepare papers for the next meeting which will be held in Harrisburg, January 8, 1895.

The meeting then adjourned having been a profitable one to all present.

S. G. A. BROWN, M.D.,
Secretary.

THE ERIE COUNTY HOMŒOPATHIC MEDICAL SOCIETY met October 3d at 10 A.M., in the Free Dispensary rooms, corner of French and Eighth streets, Erie Pa. Members present were Drs. M. A. Wilson, W. K. Cleveland, E. Cranch, H. C. Galster, J. C. M. Drake, J. B. Phillips, E. F. Gifford, and R. T. Marks, of Erie, and Dr. Stern, of Union City. An interesting clinical case was presented, after which a paper on "Typhoid Fever; Its Diagnosis

and Treatment," was read by Dr. R. T. Marks, of Erie, followed by an interesting discussion by all the members presented.

SOUTHERN HOMŒOPATHIC MEDICAL COLLEGE.—The first lecture of the preliminary course of the Southern Homœopathic College was delivered September 25th, by Prof. Elias C. Price. Prof. J. B. Gregg Custis, of Washington, D. C., delivered the opening address to the students and friends of the college on Monday, October 1st, and the regular course of instruction began on the following Tuesday morning. Various changes have been made in the faculty. Prof. James S. Barnard takes the chair of gynecology and official surgery, Prof. Henry Chandlee that of obstetrics, and Dr. C. L. Rumsey that of clinical lectures on ophthalmology and otology. The officers of the faculty for the ensuing year are Dr. Henry Chandlee, Dean, and Dr. O. E. Janney, Registrar. This is the fourth session of the college, and will open with increased teaching facilities and a larger class than ever before.

NEW HOMŒOPATHIC HOSPITAL AT WORCESTER, MASS.—The Tenny estate, located on Providence Street, has been purchased with the object of establishing a homœopathic hospital for the care of those preferring that method of treatment, who have heretofore been obliged to go out of town or to some private hospital in order to secure the benefit of homœopathic treatment. Incidental to the above and connected with it is the work of the Free Homœopathic Dispensary, which has been in operation since 1880 and was incorporated in 1887. Commencing its labors in a small way—first on Mechanic Street, and later at 11 Trumbull Street—supported by voluntary contributions of friends and the gratuitous services of the medical and surgical staff in charge, the charity has increased, notwithstanding the inconvenient facilities for doing satisfactory work.

Plans have been approved and steps taken to erect at once, on the Waverly Street side of the grounds, a building with modern requirements for doing successful work.

ST. LOUIS, MO., HOMŒOPATHIC MEDICAL SOCIETY.—The St. Louis Homœopathic Medical Society held a regular meeting October 6th. Dr. J. M. Kershaw was president and Dr. F. D. Canfield was secretary of the

meeting. Dr. W. C. Richardson read a paper on "The Mechanical and Surgical Treatment of Diseases of Women." The paper was discussed by Drs. Comstock, Edmonds, Layties, Knox, Cummings and Dryden. Upon invitation, Dr. Comstock gave a description of the sanitarium of Dr. Pennoyer, of Kenosha, Wis. Dr. Cummings gave a report of the prevailing diseases, which report showed a great deal of typhoid, malarial and catarrhal fevers are prevalent at this time.

The meeting closed by the election of the following officers: J. M. Kershaw, President; C. J. Layties, Vice-President; F. D. Canfield, Secretary and Treasurer.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF KINGS.—The regular monthly meeting of the Kings County Medical Society was held, October 9th, in its rooms at 44 Court Street, Brooklyn, N. Y. Dr. Alton G. Warner, the society's President, occupied the chair. The application of Dr. George B. Dowling, of Flatbush Avenue, for membership was laid on the table for the customary thirty days.

Dr. M. H. Denslow, of 174 Keap Street, was elected to membership and his name placed upon the roll.

Reports of the Bureaus of Gynecology, Surgery, Ophthalmology, Otology and Laryngology were made, and papers were read by Dr. H. Willis, Dr. B. W. Bierbauer, Dr. G. C. Jeffrey, Dr. Libbie H. Muncie, Dr. O. S. Ritch, and Dr. Nathaniel Robinson.

THE ONONDAGA COUNTY, N. Y., HOMŒOPATHIC MEDICAL SOCIETY met at their rooms, No. 40 S. Warren Street, Syracuse, October 2d. The members present were Drs. Hale, Sheldon, Candee, Sherwood, Stevens, DuBois, Keeler, Lukens, of Syracuse, and Duell, of Chittenango.

The bureau of clinical medicine was presented, and several of the members gave their experiences in the use of certain remedies given for certain diseases which had proved very effectual.

The probable cause of some of the epidemics of typhoid fever was also discussed, especially those epidemics which were traceable to only very remote causes. Most of the members entered heartily into the discussion.

One interesting feature of the meeting was a short report by Drs. Buell and Candee of their recent visit to Middletown, where they attended the annual meeting of the Homœopathic State Medical Society. An interest-

ing part of their visit was a visit to the magnificent grounds and hospital for the insane. The care, treatment, and comforts of these unfortunate persons were deemed the best, and altogether, the doctors thought it worth any one's while to take the trip just to see the grandeur of the institution. In regard to the treatment of the inmates, it was especially noted that during the whole time of the existence of the institution, not one particle of the bromides, chloral, or opiates, in any form, have been given to any of the patients.

THE HOMOEOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS held its quarterly meeting at Cooley's hotel, Springfield, September 19th. During the progress of the session a number of interesting papers were read and discussed. Among the more interesting and instructive was that of Dr. E. D. Fitch on the subject of "Membranous Croup or Diphtheritic Laryngitis. Which?" Dr. Fitch has made a study of the subject, and his paper was listened to with a great deal of interest. Other papers set down for the meeting were by Drs. A. J. Bond, J. C. Mitchie, G. H. Wilkins, J. M. Barton, N. W. Rand, C. E. Perkins, and G. F. Forbes. There were eighteen physicians present.

THE MACHAEON CLUB is the name of an organization of the homoeopathic physicians in Hudson County, N. J., Thursday night, October 4th, the honorary members gave a dinner at the Hotel Washington, Jersey City, to the active members. After dinner, Dr. A. B. Morton, an oculist of New York, read a paper on ophthalmology which was followed by a lively discussion. Others present also spoke on subjects of interest. The hosts of the evening were Dr. E. W. Pyle of Jersey City; Dr. F. B. Mandeville, of Newark; Dr. S. I. Meyers, of Bayonne, and Dr. Nichols, of Hoboken. Among the active members are Drs. Poole, Bowen, W. L. Pyle, Opdyke, Fletcher and Putnam.

TO PROSECUTE QUACKS IN ROCHESTER, N. Y.—For a long time the physicians of Rochester have been preparing to drive out of the city certain persons practicing medicine but who, the regular societies say, have no regular diplomas. The homoeopathic and allopathic county societies have joined hands in this work and have procured legal opinions on the illegal practice of medicine. At the meeting

of the joint committee September 25th, the city and county was mapped out into districts and one doctor assigned to each, whose duty it will be to see that each physician in the district has a regular diploma. Before anything else is done the records of the county clerk's office was examined to see what doctors have filed certificates of their right to practice as required by law. The doctors who have not registered will be called upon to state why they have not complied with the law. If he or she cannot show a diploma the case will be placed in the hands of the district attorney. One of the physicians on the joint committee said: "We will particularly endeavor to trace up diplomas issued by 'fake' medical colleges and have the holders debarred from practice. We intend to drive every illegal practitioner of medicine, and there are a good many in Rochester, out of practice and land them behind the bars."

THE LOWELL, MASS., HAHNEMANN CLUB held its first meeting of the season Tuesday afternoon, September 25th, at the office of Dr. Martin. At the business meeting two new names were proposed for membership. The main portion of the time was taken up with a discussion and study of the drug *ipecacuanha*. A case of gangrene of the lungs cured by its use was one of the interesting clinical cases reported. Drs. Warner, Hunter, Holt, Martin, Leland, Packer and Stevenson participated in the discussion.

These studies of drugs are proving very interesting and useful to the members, and the afternoon is usually too short for their full discussion. At the next meeting Dr. Packer will have charge.

PERSONAL.—Dr. Herbert L. Northrop, 111 N. Fifteenth Street, Philadelphia, announces a change of office hours as follows: 8 to 10 and 11 to 12 A.M., 7 to 8 P.M.

Dr. Frederick W. Messerve has removed to 1617 Arch Street, Philadelphia. Office hours: 9.30 till 12 noon. Diseases of the eye, ear, nose and throat.

Dr. Emerson P. McGeorge, Hahnemann, Philadelphia, '94, has located at 1740 Broadway, Camden, N. J.

Dr. T. J. Gramm, 1409 Hanover Street, Philadelphia, announces the re-opening of his private operating rooms for the treatment of gynaecological diseases.

A practice is for sale in a city in New Jersey. See advertisement.

THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

DECEMBER, 1894.

CONTENTS:

	PAGE
The Practice of Medicine—Goodno.....	177
Characteristic Materia Medica Memorizer—Burt.....	182
Die Pflanzen des Homœopathischen Arzneischatzes—Villers. Die Homœo- pathische Arznei-Mittlellehre—Sperling.....	183
Praktisch Homœopathisk Laegebog for Hvermand—Ohm. Travaux D'Electro- thérapie Gynécologigue—Apostoli.....	184
An International System of Electro-Therapeutics—Bigelow. Practical Ureanal- ysis and Urinary Diagnosis—Purdy. A Text-Book of Hygiene—Rohé.....	185
Treatment by Electricity or Electro-Therapeutics—Ghose. A Clinical Manual of Diseases of the Eye—Roosa. A Text-Book of the Diseases of Women— Garrigues. A Synopsis of the Practice of Medicine—Stewart.....	186
Essentials of Diseases of the Skin—Stelwagon. A Manual of the Practice of Medicine—Stevens. The Pocket Anatomist—Leonard. Twelfth and Thir- teenth Annual Report of the State Board of Health of New York. The Physician's Visiting List for 1895—Blakiston, Son & Co. Pamphlets Received.....	187
Announcement. New Journals. The Homœopathic Medical Society of the County of Philadelphia.....	188
The Homœopathic Medical Society of the County of Philadelphia—Dake Memorial Meeting.....	189
The Homœopathic Medical Society of Allegheny County, Pa.....	190
The Homœopathic Medical Society of Eastern Ohio. The Hahnemann Association.....	191
Personal. "Junior Auxiliary" of the Hahnemann Hospital, Philadelphia.....	192

THE PRACTICE OF MEDICINE. By William C. Goodno, M.D., Professor of Practice of Medicine in the Hahnemann Medical College of Philadelphia, Physician to the Hahnemann Hospital, etc., with Sections on *Diseases of the Nervous System*, by Clarence Bartlett, M.D., Lecturer on Nervous and Mental Diseases in the Hahnemann Medical College of Philadelphia, Senior Neurologist to the Hahnemann Hospital, etc. Vol. I. Specific Infectious Diseases and Diseases of the Nervous System. Illustrated. Price, per volume, cloth, \$6 : sheep, \$7 : half-Russia, \$8, net. Philadelphia: Hahnemann Press, P.O. Box 844, Publishers. 1894.

The first volume of this practice of medicine is devoted to a consideration of the specific infectious diseases and diseases of the nervous system. The object of the treatise is to present in a thoroughly practical manner a practice of medicine in which each section is treated with a preliminary review of

the general principles involved in the examination and treatment of the diseases under consideration. Then especial attention is given to a thorough review of the ætiology, symptomatology, pathology and diagnosis, all of which are brought thoroughly up to date. The therapeutical sections are full, explicit, and are treated so as to show the relationship of medicine to disease conditions from the vital standpoint of clinical experience, this being the ultimate test of the value of any remedy. The homœopathic remedies naturally hold a large place in the work and their indications are precisely given and will be found to be reliable, being based upon the observations of a vast experience. As every physician should be familiar with, and realize the true value of auxiliary methods in the treatment of disease, the authors have wisely included a review of all important therapeutic measures. The work opens with an excellent study of fever and is followed by a consideration

of immunity and the method of examination of infectious disease.

The author in treating of stimulants, emphatically teaches they are to be administered only upon the presence of well-defined indications, and that their action should be watched with as much care as we bestow upon the action of any medicine. The chapter devoted to *typhoid* fever covers forty-five pages and a more thorough, able and finished production is not to be found in the literature of medicine. The section on the *treatment* of this prevalent fever is exceptionally valuable for quick reference.

The chapters on typhus fever, relapsing fever, dengue, influenza and yellow fever are perfect pictures of these conditions. Dysentery, malarial fevers and cerebro-spinal fever are all essays complete in themselves, inviting special attention and careful reading. Under the heading of *Pneumonic Fever* are included the conditions known as pneumonia, croupous pneumonia, lobar pneumonia, lung fever, etc; this section is illustrated frequently with temperature charts, etc. A special section is devoted to pneumonia in children, considering the certain peculiarities of childhood. The unusual prominence of nervous symptoms being most characteristic. The frequency of headache in those old enough to complain of it. Delirium, convulsions, etc. Under treatment, Dr. Goodno clearly demonstrated the great services of homœopathic remedies in this disease, so prevalent in this and other countries and of such large mortality under other forms of treatment. In the stage of hyperæmia he places great reliance upon *aconite*, *bryonia*, *ferrum phosphoricum* and *verat viride* and presents their indications in a manner none can fail to understand. He calls attention to the value of *sulphur* after the method suggested by Dr. Hering; of *iodine* and the *iodides*, claiming they are remedies infrequently used by the great majority of physicians, and yet unknown riches exist in the group. Reviewing these drugs with their indications, he speaks of iodide of tin, a new claimant for service, as follows: "it is a promising remedy for the stage of purulent infiltration. It has proven beneficial for the condition represented by loud moist râles in the larger bronchial tubes, localized moist râles over portion of the consolidated lung, expectoration difficult, of quantities of heavy yellowish-brownish matter with some odor, etc." The symptoms and indi-

cations of *tartar emetic* and *arseniate of antimony*, have rarely been given so successfully as herein presented. The method of combating circulatory failure will prove to be a guide to success.

Asiatic Cholera has a dozen pages devoted to its consideration and will be read with avidity by those called to face the scourge. *Diphtheria* must be read in connection with the appendix. This is one of the very live, and at the same time, one of the most unsatisfactory medical subjects of the day and if one reads this chapter with the feeling that it is not sufficient he must stop and consider how, in the present state of our knowledge, it is to be improved, his criticism will ultimately be a favorable one. The author dwells at length on his modification of the permanganate of potash treatment. Those who have tried it conscientiously will agree with him as to the value of kali permanganate in the treatment.

He "has employed pyoktanin-blue considerably in the early stages, and with very encouraging results. A saturated, watery solution was employed. It seems important that the application should be very thoroughly made, and to accomplish this ether has been several times employed. Not only should the stain be applied to the areas covered with exudation, but by means of probe, cotton, and spray, to every portion of the upper respiratory tract. One such application has been followed by an arrest of typical cases in several instances." This method will hardly become popular. It would be manifestly improper to apply such treatment until one was certain of a diagnosis and in our present stage of knowledge this is not possible without a bacteriological examination, until symptoms of systemic invasion are present, when etherization would be more detrimental than the prospect of benefit to be derived would warrant.

Erysipelas, *Septicæmia* and *Pyæmia* receive special mention. *Scarlet fever* is handled with a freshness and brevity that is a distinct advantage and yet the apparent painstaking accuracy shows that nothing of value has been omitted. Here as elsewhere in the work the peculiar value of the homœopathic remedies is dwelt upon at length. The advantages and methods of applying the water bath in developing suppressed or undeveloped eruptions is fully described.

Measles.—In the prognosis of this section appears the statement, "Statistics have been offered showing that

the mortality of the disease among children under two years of age is 50 per cent., etc." Such a mortality is frightful. There must be an error somewhere or else the most deplorable negligence attended the treatment of this epidemic. The chapter on *Varicella* contains the best and latest information possible to obtain, and as small-pox has spread all over the United States to a greater or less extent in the past two years it will make instructive and interesting reading. The comprehensive treatment of *tetanus* should claim the attention of some of our officialists. *Anthrax*, *rabies*, *glanders*, *mouth and throat disease*, *Actinomycosis* and *milk sickness* are filled with instructive points. Seventy-five pages are given to *tuberculosis* in all its forms. It is an exhaustive and authoritative presentation of the subject. A monograph, thoroughly adapted to the needs of the profession.

Miliary or *acute general tuberculosis* in the variety of its clinical manifestations is considered under general headings. First, the typhoid form in which the symptoms are those of general infection. Secondly, the pulmonary form, in which symptoms relating to the lungs are most prominent, and thirdly, the meningeal variety or that form in which meningitis is associated with a development of tubercles in the membranes of the brain, the inflammatory changes being probably secondary to the growth of the tubercles. In the treatment of this latter form the author places *iodoform* at the head of the list, stating he has twice seen this drug produce symptoms indistinguishable from meningitis. He uses the drug in the second decimal trituration, giving one tablet every two hours, size of tablet, *i.e.*, quantity of drug is not stated. The indications for *apis*, *helleborus*, etc., can be relied upon. He calls attention to Hughes' use of *Bell.* and *Bry.* and cites and agrees with Farrington's opinion, regarding the real usefulness of the latter drug.

Scrofula or tuberculosis of the lymphatic glands is sufficiently presented, special attention being given to the cervical, bronchial and mesenteric forms. Cod liver oil is recommended for emaciated patients, but objected to in stout and phlegmatic cases. For remedies the preparations of *iodine* and *lime* are depended upon. *Hepar*, *mercurius* and *silicea* for suppurative cases and *graphites*, *sulphur* and *lycopodium* where catarrh and cutaneous affections afford indications.

Pulmonary Tuberculosis has thirty-

five pages devoted to its consideration. The author clears the way of misunderstanding with the statement that "pulmonary phthisis presents a variety of lesions, the test of the character of which being not their minute anatomy, but the presence of the *bacillus tuberculosis*," claiming justly that this "brings order out of chaos." He recognizes three varieties. (1) acute pneumonic phthisis, a tuberculo-pneumonic process running a rapid course, and presenting clinical features allying it in some instances to croupous pneumonia, and in others to bronchopneumonia; (2) chronic phthisis; (3) fibroid phthisis. The pathological changes considered are: (1) consolidation of the lungs; (2) destructive changes occurring in the consolidated districts; (3) septic and tubercular infection. In considering the changes occurring in the consolidated areas Dr. Goodno takes up in turn caseous degeneration, softening, ulceration, excavation and sclerosis, and follows with a review of the changes in the pleura, bronchial tubes, bronchial glands, and distant lesions. The clinical course, symptoms, physical examination and general symptoms are there presented. The treatment is thoroughly practical and useful and of truly scientific value. Prevention, the first great duty, is dwelt upon, then climate is considered, then dietetic methods, and then specific medication.

The medicinal treatment is handled in sections thus avoiding endless repetition. After a general review of drug values, cough is the first section referred to, then fevers, disorders of the gastro-intestinal tract, sweats, hæmoptysis, and insomnia. Under local treatment of the respiratory tract special attention is called to the method and value of inhalations of pure beechwood creasote mixed with equal parts of alcohol and chloroform. He treats cavities after the method of injections of antiseptic solution. The chapter closes with an able presentation of laryngeal and renal tuberculosis. The presentation of specific infectious diseases is practically closed with a complete and comprehensive study of *sypilis* by Dr. Bartlett.

DISEASES OF THE NERVOUS SYSTEM.

This portion of the work is a volume in itself, and is the most masterly production on neurology that has come from the American press. It is characteristically clinical. The author's broad grasp of the general subject, his superb condensation of details

without sacrifice of anything of value, and his admirable development of the clinical side of his subject, appeals especially to the general practitioner, as he supplies him with the practical help he needs in his every-day experience.

Bartlett's work is pre-eminently a clinical text-book, differing in this respect from old-school authorities, with whom treatment is either secondary or is entirely ignored. Gower's text-book on nervous diseases is an exhaustive work of reference, the style being needlessly diffused. Dana's treatise is, to all intents and purpose, a condensed Gower's, while Herter's manual, formerly the best American work, is written from the standpoint of diagnostic technique, and deals mostly with elementary topics. Bartlett's book tersely presents, in a clear, accurate and impressive manner, a complete *résumé* of all that is really known and that is truly valuable in diseases of the nervous system, according the numerous disputed points regarding neuropathology, nerve physiology and classification—all of which are of little or no interest to the general practitioner. The treatment is handled in a most thorough manner, the old school, electrical and homœopathic being given. A great difficulty confronting the nerve specialist of the homœopathic school is the absence of reliable drug provings with definite nervous symptoms. The neurologist, therefore, must, of necessity, build up a clinical *matéria medica* of his own. In this instance it has been accomplished with marvellous skill, and is well adapted to the needs of the profession. Dr. Bartlett, in considering the Remedies in Diseases of the Nervous System (p. 510), aptly says: "In presenting the general indications of a few remedies in more common use in disease of the nervous system one cannot refrain from making some remarks concerning the results to be expected. The physician having to do mainly with acute affections has been trained to expect quick results from treatment. If his remedies have not succeeded within twenty-four hours, he feels inclined to make a change, unless his indications are clear and no other course is possible. With diseases of the nervous system we are dealing with the most obstinate of all chronic diseases—obstinate in resisting both palliation and recovery. In cases of this class we must be satisfied with doing our best, and this best is often short of our ideal. In no case do we have specifics, giving rapidly curative results; but, on the contrary,

oftentimes we must be satisfied with stopping the course of a progressively fatal or disabling disease. The great mistake made by the majority of practitioners in this sphere of work is that of trying to effect the impossible."

After a general consideration of nervous diseases, including general hygiene, dietetic and medicinal management, an inquiry of the cranial nerves and their diseases is taken up. This is followed by affections of the spinal accessory and spinal nerves. *Neuritis*, which is so frequently overlooked and mistaken for neuralgia, rheumatism or some other painful affection, is really a condition demanding prompt recognition in order that intelligent treatment can be immediately instituted. This disease is ably handled, and a description of Kakke—an endemic neuritis infrequent in this country, but prevalent in China, being attributed to rice diet, and which is known as Beri-Beri—makes interesting and instructive reading. In reviewing the treatment of the various forms of neuritis, here as all through the work, the allopathic treatment is presented concisely with completeness, giving a finish to each article that will be appreciated by all scientific readers. Among the homœopathic remedies the author endorses *arnica* and *hypericum* in traumatic cases, *acon.* and *ferrum phos.* in acute cases, *bell.* and *ars.* in cases with atrocious pains.

Sciatica receives ample attention. Under treatment absolute rest is insisted upon, and splints are suggested for the afflicted limb, a plan usually impracticable. Recent allopathic palliation is reviewed. When and how electricity should be used and an exhaustive reference is made to our valuable homœopathic remedies.

The section on diseases of the *Brain* and its *Membranes* commences with the meningitis, the prominent meningeal affections, acute and chronic, being described, such as pachymeningitis, leptomeningitis, etc. Under *Hydrocephalus*, p. 627, in the section devoted to treatment, reference is made to the application of solar heat. "The method consists in exposing the child's occiput to the direct rays of the sun for twenty minutes each day, gradually increasing the duration of the seance until the limit of thirty or forty minutes is reached. It is believed that the local sweating acts to remove a portion of the effusion, while the thermic irritation aids nutrition." Cures have been reported in a number of cases, and where other

measures fail this method should not be overlooked.

Apoplexy is treated exhaustively and is bristling with valuable practical suggestions. If the student will absorb the contents of this chapter he will be well provided for any emergency, and a careful reading of the same by the practitioner will refresh his memory by recalling details of importance. Dr. Bartlett, in urging the necessity of absolute rest in treatment, takes opportunity to oppose the claim made by many "that the damage done by an apoplectic extravasation is done in an instant," and cites that "after the rupture of the vessels the symptoms very frequently increase in intensity for an hour or more." He gives space to Dawbarn's suggestion to "bleed the patient into his veins" and shows its value. The remedial hints are excellent.

Intracranial Tumors.—It has been the fortune of the author to have had extensive experience in brain tumors and the surgery for the same. His remarks on the subject are of exceptional value, being drawn largely from his personal knowledge and partake of an authoritative character. The possibility of an intracranial tumor must always be borne in mind in cases of chronic persistent headache, the cause of which cannot be ascertained, for frequently a headache of this type is the only feature present of a slowly-developing growth. A tumor may develop in what is called a silent area and its locality will not become clearly manifested until by slow extension it presses upon a portion of brain with a definite known function and the time for operative procedure is at hand. The questions of how long should one persist in the medicinal treatment of brain tumors, and what cases of brain tumor are suitable for operation, are answered on page 666.

Cerebral paralyses of infancy and childhood is fully treated and the value of the work is enhanced by an up-to-date description of *cerebral localization*.

Paresis is referred to in a manner that will do much to lessen the possibility of confounding this condition with locomotor ataxia.

Disease of the *spinal cord* and its membranes is systematically and satisfactorily considered, and *acute poliomyelitis anterior of children* will be interesting reading to our Vermont confres, who have recently been battling with an unusual epidemic of the same.

Locomotor Ataxia.—Here, again, the author draws freely on his large

personal experience with this intractable disorder, setting forth at length the importance of early diagnosis. This condition is frequently mistaken for some other affection until the period which promises the best opportunity for impeding the progress of the disease is passed; rest, electricity and *argentic nitricum* is a clinical tripod calculated to hold its course in abeyance.

The *functional affections* of the nervous system opens with *hysteria*, and it is the most brilliant article of an exceptionally strong series of essays. The author has condensed and incorporated all of the salient features scattered through the vast literature of this many-sided disease, and the refreshing candor of the recital of his convictions is exhilarating in the highest degree. Our gynecologists will read with rare interest the advanced position taken and advocated by the writer, and will find embodied many suggestions worthy of adoption.

Every practitioner of medicine should read, mark, learn and inwardly digest the substance of this article, and if he should find nothing else of value to him he will receive far more than the value of the work. At the close of this able sketch is given a description of the so-called "Weir Mitchell rest treatment;" the Mitchell method is simply an excellent adaptation of the general rules of management of these cases suggested long ago by Charcot.

Under *chorea* is found a description of a number of conditions simulating chorea which are well worthy of differentiation. The list of homeopathic remedies with their indications cannot be improved upon. *Tremor* as a symptom is treated of at length. *Headache* has nearly twenty pages devoted to its consideration. An excellent classification of its causes appears on page 818.

The author's prognosis of *megraine* is certainly not optimistic, and many will take exception thereto. *Neurasthenia* is handled in an eminently satisfactory manner.

Epilepsy, the bane of the neurologists, is fairly treated from the standpoint of experience. We all recognize that many of the reported cases of epilepsy are either of doubtful diagnosis, or the cure is too soon reported, and we attach but little value to the literature of cures. It is to be remembered that any change of treatment, no matter how illogical, will temporarily suspend the fits, and give rise to the impression that benefit is being derived from the same. Consequently reported curative results are to be received with vigorous skep-

ticism. The reviewer has seen epilepsy checked by coincident disease, and the convulsions ameliorated by the opening of an ordinary every-day boil, etc.

The author's treatment is therefore not to be prematurely criticized; in the main it is decidedly acceptable. So many supposed valuable remedies have proved to be insufficient, that bromide, with all its known objections, is looked upon as a forlorn hope, for it has undoubtedly, in some instances, greatly lessened the convulsive seizures. Homœopathic literature, as is well known, is defective in this matter, and we feel assured that our neurologists would gladly receive the report of *authentic* cases benefited or cured by clearly indicated remedies.

Delirium Tremens.—The worse features of this disease are seen alone in hospital practice and the attendant symptoms are not sufficiently appreciated by the general practitioner. The subjects are usually of broken constitutions, and they have frequently been subjected to amateur drugging before admittance, thus placing them beyond the reach of the ordinary homœopathic remedial agencies, and necessitating the use of vigorous adjuvants and palliatives. With the best that can be done the results are not, as a rule, satisfactory.

Morphinism, cocaineism, grain poisoning (ergotism, lathyrism, pellagra), arsenical and lead poisoning all receive special mention.

The classification of *muscular atrophies and dystrophies* are as varied as the impulses of writers, and are decidedly confusing to neuropathic literature. The author recognizes this fact, and presents the group in a clear-cut, striking manner.

Before closing we desire to call attention to the remarkable freedom from proof errors in this volume. A curious one, however, has crept in on line 18, page 461, where the author is made to say "that the patient is capable of exerting sixty degrees of force as shown by the thermometer is perfectly admissible." Thermometers are expensive, and we hesitate to endorse squeezing of this character. We also prefer perfectly without the "ab." Suggesting these corrections, with three additions to the page of errata, as given in next column, we close this imperfect review of the ablest volume on the practice of medicine in the English language.

ERRATA.

Page 117, line 7 from the bottom, "II" instead of IV.

Page 117, line 29 from the top, "e" in handkerchief.

Page 228, line 2 from the bottom, new ¶ for Potash Salts.

Page 461, line 18 from the top, "dynamometer" instead of thermometer.

Page 461, line 19 from the top, "perfectly" for perfectly.

CHARACTERISTIC MATERIA MEDICA MEMORIZER. By William H. Burt, M.D., author of "Characteristic Materia Medica," "Physiological Materia Medica," "Therapeutics of Tuberculosis or Pulmonary Consumption," and "Tuberculosis, or Pulmonary Consumption, its Prophylaxis and Cure by Sur-alimentation of Liquid Food," etc. Price, \$2.50. Full cloth, 394 pages. Chicago: Halsey Bros. Co., 51-53 Dearborn Street. 1894.

This is unquestionably an excellent work for students. It opens up as follows: ACONITUM NAPELLUS. Wolf's Bane. Through the cerebro-spinal nervous system, aconite has nine special centers of action.

Heart. Inhibitory Paralysis; Blood Press. Lessened circulation, vasomotor paralysis.

Temperature. Depressed with diaphoresis cerebro-spinal nervous system. Paralysis, mucous membranes, sthenic congestion; inflamed stomach, Emetis, congestion, neuralgia. Lungs. Centric vagi paralysis, congestion, inflamed serous membranes, congestion, plastic inflam. Tendons, fibrous tissues. Rheumatoid inflam.

Then follows 24 grand characteristics given in a clear cut, concise manner, calculated to impress the student's mind indelibly. Each remedy is handled in a similar manner. The author ably outlines the scope and object of his work in his preface, which follows:

"The design of this work is to bring together a sufficient number of the most practical characteristics or 'key notes,' of our leading remedies, both as to drug pathology and therapeutics, to form a complete skeleton or framework of each drug, so that the student may be better able to memorize them; for a physician, in order to be a good clinician, should have the leading characteristics of each drug fixed fast in his memory, so that he can utilize them, at a moment's warning, when-

ever a disease confronts him. Up to date, there is no other *Materia Medica* which fulfills these requirements, and this one is offered to the profession especially for such use.

"It is unwise to confuse and exhaust the mind with the minutæ of a remedy at first. It is far better to learn a few bold characteristic symptoms of each drug before going into the details of any one. The characteristics build up in the mind an organic form for each remedy, which may afterward be filled in with the particular details at pleasure.

"Every drug has its grand characteristics, which make it stand out as an entity, peculiar to itself, just as every man has his characteristics, which make him stand out in the world peculiar to himself. It has been my aim to select only the bold characteristics of each drug, both as to pathology and therapeutics, so as to form a solid foundation for the student of medicine to stand upon at the bedside, giving none but positive pathogenetic and clinical indications that have been found absolutely reliable by our best practitioners. After he has mastered these, he will then be prepared to study in detail all the various books written on drug pathology, particularly my large '*Physiological Materia Medica*.'

"Many physicians will miss some prominent characteristic of a drug, well known to themselves, but not to the writer. I would say to such, that perhaps none can more fully realize the arduous nature and the many imperfections of such a work than the author himself."

DIE PFLANZEN DES HOMŒOPATHISCHEN ARZNEISCHATZES. Bearbeitet Medicinisch, von Dr. A. von Villers; Botanisch, von F. von Thuemen. Erster Band. Text. Wilhelm Baenisch, publisher. Dresden, Germany. 1893. 476 pp. Complete work, 90 marks.

This is, I believe, the second important work in the homœopathic literature which is devoted to the plants of the homœopathic materia. Mills-paugh has published an atlas of our American medicinal plants, and now Dr. A. von Villers, the genial editor of the German homœopathic journal, the *Archiv fuer Homœopathie*, in connection with a prominent German botanist, Felix von Thuemen, have favored us with an atlas-like work on all the plants of our materia medica. This, the first volume, consists of the descriptive text of all the botanic plants from A to Z, giving under each plant its name, German synonyms,

classification, the sources of the botanic literature, its description, the various sub-forms of the plant, the distribution, homœopathic medical literature, preparation, active principles and an outline of its homœopathic action and therapeutic range. But one plate, an excellent one, accompanies this portion of the work. The remainder is to consist of two hundred plates of the important drugs as they appear in nature. The work is well arranged, the botanical portion thorough and quite descriptive, though clear, concise and not overdone; the homœopathic portion is fairly complete, with frequent references to the literature and indications of its sources. Yet it seems that it has been somewhat slighted in comparison with the botanic portion, which has been quite fully elaborated. To give us a bare outline of the dim tracings of important remedies like aconite or gelsemium in a paragraph, seems to be throwing too much weight upon the botanical side and too little light on the medicinal portion, though it cannot be expected that such a work will serve as a *materia medica*; it must deal, to a large extent, with generalities.

The single plate is well executed, presenting, as it does, the root, cut into two parts, a leaved and blooming flowing, a flower without corolla and the pistilla. It is printed on heavy and substantial paper, the type is not too fine, and though bound in paper, as are most European works, the printer's part is well done.

F. H. P.

DIE HOMŒOPATHISCHE ARZNEI-MITTELLEHRE. Eine kritische Studie von Dr. Arthur Sperling. Berlin. Pamphlet, 39 pp. Max Merlin, Vienna and Leipsic, publisher. 1894.

This little work, which is a number of Professor Drasch's *Sammlung Medicinischer Abhandlungen*, for allopathic physicians, as a coldblooded and critical, as well as scientific, study of our *materia medica*, is attracting a great deal of favorable comment and attention in the German homœopathic journals; and, indeed, well it may, for it may be said to be the first conscientious and earnest effort to study our principle from a scientific standpoint instead of the usual passing the subject in rapid review, ridiculing it from beginning to end, and clinging to some unimportant flaw, and dilating upon it, until page after page is filled, and then closing the work with a sweeping decision, which stamps the writer as ignorant of what he is writing, or crusted over with narrow-minded pre-

judice. Such lop-sided and infantile effusions are a source of disgust to any person with an adult organ of thought, and who is fully conscious of the imperfections of our system, but who realizes its great future, the difficulties of the application of the law of similars, and who is familiar with the allopathic measures for palliative knocking the symptoms under the surface.

The writer, after an introduction, enters into the consideration of the homœopathic preparation and dosage of remedies, the different action of small and large doses, the basic principle *similia similibus curantur* and the explanation of its action, the division of drugs in the so-called potencies, a study of several polychrests and much-used remedies, with personal trials with a number of our remedies. Then follow, consecutively, "symptom matching," Hufeland's opinion of homœopathy, Schuessler's and Weihe's methods, the relation of homœopathy to general medicine and the right of homœopaths to dispense their remedies; the extension and status of homœopathy throughout the world, with an interesting conclusion. It is, to say the least, refreshing to read such a work, after wading through the egotistic and ignorant writings and barkings of those allopaths who have tried their hands at tinkering at this broad subject. It should be translated into English. F. H. P.

PRAKTISK HOMŒOPATHISK LÆGEBOG FOR HYERMAND. Résumé af de nutidens homœopatiske Lægevidenskab. Samlet, oversat og udgivet af O. M. Ohm, prakt. Homœopath. Bergen, Norway, 1893.

A little manual of domestic homœopathic practice, in the Norwegian language. The writer, after an introduction on the principles of homœopathy, and its standing in the various portions of the world, passes over to the essential portion of the work. The first section is devoted to a scanty recapitulation of the action of the chief homœopathic remedies, while in the second he presents the rules for the homœopathic management of the most ordinary diseases. It cannot be compared with the English manuals for domestic use, yet it is a welcome hint of his individual activity in trying to spread a knowledge of our school and its workings. Norway and Sweden are but feebly represented by the homœopathic school, and any sign of life there is a source of satisfaction. There

is a very busy and successful homœopathic physician in Stockholm, Sweden's capital, while Denmark has a distinguished member of its ranks in Copenhagen, whose literary activity is worthy of praise. F. H. P.

TRAVAUX D'ÉLECTROTHERAPIE GYNÉCOLOGIQUE. Archives Semestrielles d'Électrothérapie Gynécologique. Fondées et Publiées par le Dr. G. Apostoli, Vice-Président de la Société Française d'Électrothérapie, 720 pp. Société d'Éditions Scientifiques, Publishers, Paris, 1894.

The name of Georges Apostoli is and has, for several years, been prominently connected with the advances in gynæcological electro-therapeutics. All are more or less familiar with his attempts to rescue a certain class of these affections from the surgeon's knife and the itch for operating. If ovary is suspected, it is removed upon slightest provocation, with a vague idea that it is indefinitely connected with reflex symptoms of still more vague origin, etc. Doléris has recently raised his voice in the French medical press against these useless mutilations, and others, especially in France and America, are still urging its importance. No one doubts the vast sphere of usefulness of surgery, but no one is justified in trying a few palliative measures, and if these fail, in rushing to the opposite extreme of extirpating the offending organ, root and branch. Recently, the testicles have been removed for enlarged prostate, and it is possible, as Dr. Van Lennep recently said, that the much-abused ovary may have its day of revenge.

For the last seven years a great deal of literature has been put forth on the employment of electricity in gynæcology, and the object of this and the volumes which are to follow, is to present the scattered mass of often unknown yet valuable material which is found in the different languages on this subject. Beginning with the foreign languages, he leaves French publications for the last, as the French have already been too frequently accused of being too much wrapped up in themselves; he has had translated the original publications of the different observers.

Commencing with the English, he presents the reports of the Keiths, Sir Spencer T. Wells, the different members of the Medico-Chirurgical Society of Brighton, the Congress at Leeds, etc., an imposing and lengthy list. Then follow the Belgian and

American publications, also quite extensive; those of the Russian observers chiefly of the well-known Prof. Slavjansky of St. Petersburg. Then there follow consecutively, single contributions from Italy, Germany, Denmark, Austria, Poland, Hungary, and Canada. A bibliographical list ends the work. The indefatigable worker in this branch, Apostoli, is to be thanked for gathering these scattered fragments into a single work, thus rendering them accessible to readers of French, and, at the same time, forming a sort of archives for the deposition of the results of this promising branch of medicine. The second volume is said to be ready for publication.

F. H. P.

AN INTERNATIONAL SYSTEM OF ELECTRO-THERAPEUTICS: for students, general practitioners and specialists. By Horatio Bigelow, M.D., and thirty-eight associate editors. Thoroughly illustrated. Philadelphia: The F. A. Davis Co. 1894.

The features of this System of Electro-Therapeutics most striking to the reader is the encyclopædic completeness with which the subject is handled. Especially can we commend the initial section devoted to the consideration of electro physics. Before a physician can use electricity intelligently he should be thoroughly acquainted with the various laws of electro-physics. Without this knowledge, he must use a various valuable therapeutic agent in the most empirical fashion. The ordinary text-book on medical electricity nearly always neglects this important subject, fearful lest the reader be offended at having too much theoretical matter placed before him for study. In our opinion, the study of electro-physics is the most important part of electro-therapeutics; for with a knowledge of this supplementing our knowledge of physiology, pathology, etc., the practical application of electricity to the treatment of disease is readily deduced.

Section B treats of "Electro-Physiology," and is from the pen of a well-known physiologist, Dr. A. P. Brubaker. Electro-diagnosis also occupies this section, and is by Dr. W. F. Robinson, of Albany, N. Y.

To mention specifically the different articles which go to make up the book is impossible with the space at our command, although this forced neglect does injustice to a number of worthy contributors. We can only say that the practical uses of electricity in all the branches of medicine are most thoroughly considered. Some sec-

tions, we think, might well have been omitted, owing to the uselessness of electricity in the class of cases considered. Still, candor compels an author to give his failures the same prominence he gives his successes, so that, after all, the space thus taken cannot be considered as wasted.

One feature of the book we do not like, and that is the system of paging. Each section of the work is designated by letter, and paged separately from all others. This system is excusable in a work like the annual of the *Universal Medical Sciences*, but in an encyclopædic treatise it becomes a veritable nuisance, rendered all the more intolerable by the many excellencies of the work.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS. A Manual for the Use of Physicians, Surgeons and Students. By Charles W. Purdy, M.D., Queen's University; Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Urology and Urinary Diagnosis at the Chicago Post Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys;" also of "Diabetes: Its Causes, Symptoms, and Treatment." With Numerous Illustrations, including Photo-Engravings and Colored Plates. In one Crown Octavo volume, 360 pages, in Extra Cloth, \$2.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The author believes that while our knowledge of the urine and the diseases of the urinary organs is abreast with the other departments of scientific and practical medicine, yet it is only accessible to the student and practitioner by extended research of general medical literature. He therefore felt it would be an advantage to present in one volume the essential features of our knowledge of the urine and urinary diagnosis thoroughly up to date, and in the most systematic, practical and concise form. The second division of the work, urinary diagnosis, aims at a concise description of the special features of the urine that indicate the presence of special pathological processes in progress in the economy. The appendix consists of an able review of urinary examinations for life insurance. He has very successfully accomplished his objects, and the publishers have succeeded in presenting a splendid sample of their art in this book, the cuts and colored plates being exceptionally fine.

THE TEXT-BOOK OF HYGIENE: A Comprehensive Treatise on the Prin-

ciples and Practice of Preventive Medicine from an American Standpoint. By George H. Rohé, M.D., Professor of Therapeutics, Hygiene, and Mental Diseases in the College of Physicians and Surgeons, Baltimore. Third Edition, thoroughly Revised and largely Rewritten, with many Illustrations, and valuable Tables. Royal octavo, 553 pages. Cloth, \$3.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry St.

This is a most valuable work on the principles and practice of preventive medicine; presenting clearly all the essential facts upon which the art of preserving health is based. The third edition presents every chapter thoroughly reviewed, and incorporating all recent advances in sanitary science and practice. Recent legislation having practically revolutionized quarantine practice, Surgeon-General Walter Wyman and Dr. H. D. Geddings have entirely rewritten the chapter upon quarantine, and it now fully represents the modern principles and practice of maritime sanitation. With a view to make the work more practical and analytical, a set of questions is appended to each chapter, and a new section is added on methods of examination of air, water, and food.

TREATMENT BY ELECTRICITY OR ELECTRO-THERAPEUTICS. By Nondo Lal Ghose, L.M.S., Calcutta.

This little brochure is about the trashiest piece of medical (?) literature we have seen in many days. It seems to be taken up entirely in stating what the author can do, without stating the special methods employed. We cannot decide whether the work is intended seriously for the profession or as a means of heralding the author's triumphs among the laity.

A CLINICAL MANUAL OF DISEASES OF THE EYE, including a sketch of its anatomy. By D. B. St. John Roosa, M.D., LL.D. New York: Wm. Wood & Co. 1894.

Notwithstanding the many ophthalmic treatises published within recent years, this one finds a *raison d'être*, in that it presents to the profession the special experience of a man who has been engaged in ophthalmic practice and teaching for many years. The book, therefore, is not an encyclopædic one. It presents the experience of Prof. St. John Roosa, and nothing more. From this standpoint the book is very valuable; for though much of the matter presented has been universally accepted as authentic for years,

there is also considerable for which the author is alone responsible, and for these opinions he has his vast experience as a guide. The student, the general practitioner and the specialist will alike find much of interest in the work.

A TEXT-BOOK OF THE DISEASES OF WOMEN. By H. J. Garrigues, M.D. Philadelphia: W. B. Saunders. 1894. This is a book written largely for the benefit of the general practitioner desirous of taking a post-graduate course in gynecology. Its aim is, therefore, exceedingly practical. In many particulars it differs essentially from the general run of gynecological text-books. In the physiological chapters we find mention of a number of practical points usually ignored by authors. Part IV., devoted to the subject of general ætiology, is of unusual interest. Part V. treats of the examination in general, and goes into every practical detail with a most interesting minuteness. Thirty-four pages are taken up with this subject. Part VI. consists of a disquisition on treatment in general. Seventy pages are occupied in describing the technique of applications, injections, tamponades, hæmostasis, dilatation, drainage, etc. Finally, the work closes with a special division, in which the various diseases of the female genitalia are considered seriatim. This work is, in our opinion, the most practical text-book on gynecology (from the standpoint of the general practitioner) thus far published.

A SYNOPSIS OF THE PRACTICE OF MEDICINE. By William Blair Stewart, A.M., M.D., Lecturer on Therapeutics in the Medico-Chirurgical College, of Philadelphia. Octavo. Pp. 434. Cloth, price \$2.75. New York: E. B. Treat, 5 Cooper Union. 1894.

This work has been undertaken after several years of experience by the author as instructor on the subject of the Practice of Medicine, his purpose being to prepare and present to the profession, a brief synopsis of the subject, not with the view of replacing the expensive and elaborate publications, but to give to the busy practitioner and student, at small cost, concise and accurate descriptions which will suggest outlines and practical thoughts upon ætiology, symptomatology, pathology, diagnosis, prognosis and treatment.

The most approved methods of treatment have been given prominence.

The author in his introduction states that it comprises every method used in the healing art. After citing the different methods of treatment he states: *Regular* treatment is founded upon the broad base of clinical experience, and binds itself to no motto, ism, pathy, etc.; the word *allopathic* as applied to the regular system is incorrect and narrow. The chief characteristic of 99 out of every 100 so-called regular physicians is an intolerant prejudice and fanatical hatred of anything *homeopathic*. They invariably condemn before trying its clinical value.

ESSENTIALS OF DISEASES OF THE SKIN, including the **SYPHILODERMATA**. Arranged in the form of Questions and Answers. Prepared especially for students of medicine. By Henry W. Stelwagon, M.D., Ph.D. Third edition, revised and enlarged. With seventy-one letter-press cuts and fifteen half-tone illustrations. Price, \$1 net. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894.

This work, with its numerous illustrations, has always been a real help to the student. The revision increases its usefulness and brings it up to date.

A MANUAL OF THE PRACTICE OF MEDICINE. Prepared especially for students. By A. A. Stevens, A.M., M.D. Third edition, revised. Illustrated. Price, \$2.50. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894.

A third edition of this valuable little work in two years speaks well for its appreciation by medical students of the country. Having received a careful revision, it will be more than ever acceptable to those needing such a help.

THE POCKET ANATOMIST (founded upon "Gray"). By C. Henri Leonard, A.M., M.D. Leather. 300 pages. 193 illustrations. Eighteenth revised edition. Containing Dissecting Hints and Visceral Anatomy. Price, \$1. Detroit: The Illustrated Medical Journal Co. 1894.

Sixteen thousand copies of this handy, little, flexible back pocket anatomist have been sold. It briefly describes each artery, vein, nerve, muscle, and bone, besides the several special organs of the body. It is just the volume every student of anatomy should have in his coat pocket.

TWELFTH AND THIRTEENTH ANNUAL REPORT OF THE STATE BOARD

OF HEALTH OF NEW YORK—1892 and 1893. Together with a volume of Maps to accompany the Thirteenth Annual Report. 1893.

These volumes contain important information regarding the sanitary condition of New York State. The report of Inspection of Cattle for Tuberculosis is especially valuable. The Thirteenth Report contains 12 plans for systems of sewerage and sewage deposits. There are also reports of general sanitary investigations concerning epidemics of typhoid fever, diphtheria, etc., and many reports on adulteration of food are given, together with monthly bulletins of mortality statistics.

THE PHYSICIAN'S VISITING LIST FOR 1895. Forty-fourth Year of its Publication. Price, for 25 Patients, \$1.00; for 50 Patients, \$1.25, etc. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street.

This prime old favorite visiting list needs no introduction to physicians; it has held its popular way for forty-three years. The young physician will find it excellently adapted for his purposes; once used, he will continue its use.

PAMPHLETS RECEIVED.

JUBILEE ADDRESS, delivered before the American Institute of Homoeopathy, upon the Occasion of its Fiftieth Anniversary. By the President, J. H. McClelland, M.D., Pittsburg, Pa.; Denver, Colorado, June 14 to 20, 1894.

A CLINICAL REPORT OF FORTY-three Miscellaneous Hysterectomies, with One Case of large Myofibroma Complicated by Pregnancy at the Fourth Month. No Deaths. By J. M. Lee, M.D., Rochester, N. Y. Reprint from *N. A. Jour. Hom.*, October, 1894.

ADDRESS TO THE HOMOEOPATHIC Medical Society of the County of Philadelphia. By the President, Charles Mohr, M.D.

COMPARATIVE VITAL STATISTICS. By David A. Strickler, M.D., St. Paul, Minn. Reprint from *Southern Jour. of Hom.*, August, 1894.

1. **OUR RESPONSIBILITY AS HOMOEOPATHISTS and Physicians towards Infants.**

2. **EIGHT CASES OF ALBUMINURIA of Pregnancy.** By B. F. Bailey, M.D., Lincoln, Nebraska. Reprint from the *Minneapolis Hom. Mag.*, Aug. and Nov., 1894.

ANNOUNCEMENT. — **LEXINGTON** Heights Hospital (Private) 173 Lexington Avenue, Buffalo, N. Y. A beautiful building, handsomely appointed and thoroughly equipped, with a large staff of practical physicians who have made the institution a great success, and will continue to do so. Officers: DeWitt G. Wilcox, President; L. A. Bull, Vice-President; William Macomber, Secretary and Treasurer. Directors—C. S. Albertson, Philip A. McCrea, D. B. Stumpf, and Monroe Manges.

NEW JOURNALS.

THE HAHNEMANNIAN INSTITUTE, named after the Institute so dear to the over 2000 alumni of "Old Hahnemann" College, Philadelphia, is an able journal, edited monthly by the "boys" of '95, '96, '97, and '98. It is full of interesting reading, not only to the alumni, but to all practitioners of medicine.

THE DENVER JOURNAL OF HOMŒOPATHY, edited by S. S. Smythe, M.D., and S. S. Kehr, M.D. The editors give three reasons to explain the issue of the new candidate for the favor and confidence. First, the long distance from any other homœopathic journal; second, the desire to contribute to the progress of homœopathy; third, by placing original papers, clinical cases, society reports, and miscellaneous news and items, within reach of the physicians of Denver and the Northwest. This journal will undoubtedly take good care of the Denver Homœopathic College and Hospital, and we trust it will meet with abundant success.

THE CHICAGO HOMŒOPATH published in the interests of Homœopathy and the Chicago Homœopathic Medical College, monthly, during the college session by the students of the college. The first number is a great success and the Alumni of this vigorous institution should give it ample support.

DR. FRANÇOIS CARTIER, M.D., Paris, France, announces that the *Universal Homœopathic Annual of 1894* (the issue of 1895) is now in press and invites subscribers at \$3.00. It will form one large volume in octavo of about 500 pages divided into two parts. 1. *materia medica*. 2. *Therapeutics*.

1. **THE PHYSIOLOGICAL ROLE OF antitoxine inoculations**; 2. *Diet for health*; 3. *Nucleus*: a clinical study. By John Audle, M.D., Philadelphia.

1. *Diseases of the alimentary canal*; 2. *A retaining splint for excisions of the*

hip-joint; 3. *Old and neglected deformities following infantile spinal paralysis*; 4. *New York letters on Orthopædic surgery*; 5. *The use of traction in the treatment of joint diseases*. By Stewart Leroy McCurdy, A.M., M.D., Pittsburgh, Pa.

A case of chronic peritonitis, with intestinal and abdominal fistulae—enterorrhaphy—recovery. By Frederick Holme Wiggen, M.D., New York city.

CATALOGUE AND PRICE LIST.—Sharpe and Dohme, manufacturing chemists, New York city. A very full and complete list of drugs and prices for handy reference by physicians who will appreciate the same as labor saving.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.—The regular stated meeting of the Society was held at the Hahnemann Medical College on Thursday evening, November 11, 1894, forty-seven members being present. The minutes of the last meeting were approved. The committee appointed to revise the present fee bill reported a series of fees covering all subjects except those embraced under surgery, which will be reported at the next meeting.

Drs. Julia Gould Waylan, J. Q. Griffith, and Wm. M. Hillegas were elected to membership.

Dr. A. T. Shoemaker made application for membership.

Dr. W. W. Van Baun introduced the following resolution for the Committee on Legislation:

WHEREAS: The use of the common drinking cup is detrimental to health and offensive to decency; Therefore be it

Resolved: That the Homœopathic Medical Society of the County of Philadelphia respectfully requests the Board of Public Education of the city of Philadelphia to abolish the common drinking cup in our public schools.

Resolved: That the Park Commission be requested to wall up the springs in the parks of Philadelphia and make faucet attachments, so that innocent children and others may be prevented from dipping water from pools that may be polluted.

Resolved: That the railroad corporations be solicited to remove the common drinking cup from all stations and trains, thus preventing incautious and heedless passengers from running a needless risk of contamination and teach the public to adopt and use the individual drinking cup.

After considerable discussion the resolutions were adopted.

Dr. B. W. James announced the death of Dr. Jabez P. Dake at Nashville, Tenn., on October 28th, and offered the following suggestions of Dr. P. Dudley.

1. That a memorial meeting in honor of our late distinguished colleague, J. P. Dake, M. D., of Nashville, Tenn., be held on Thursday evening, November 15th, in the College building.

2. That all homœopathic societies and physicians in Philadelphia and its vicinity be invited to participate in said memorial meeting.

3. That a committee, consisting of the President and Secretary of this Society, and three others be appointed which shall prepare for presentation at the same time resolutions expressive of our sentiments of regret at the loss of so distinguished a colleague and of the honor we would pay to his memory. Also that said committee be authorized to make all suitable arrangements, including the preparation of the order of exercises for the memorial meeting.

These suggestions were unanimously adopted and the President announced Drs. B. W. James, Pemberton Dudley and August Korndoerfer as the members of the committee in conjunction with the President and Secretary, as provided for by the suggestions.

The Bureau of Clinical Medicine, Dr. C. S. Schwenk, Chairman; Drs. M. M. Walker, E. H. Van Deusen, W. H. A. Fitz, and J. S. Hickey, associates, presented for discussion a paper by Dr. J. S. Hickey on Erysipelas. The paper was discussed by Drs. B. W. James, C. S. Schwenk, W. W. Van Baun, T. H. Carmichael, Charles Mohr, Augustus Korndoerfer, E. H. Kase, John C. Morgan, and E. M. Gramm.

EDWARD M. GRAMM, M. D.,
Secretary.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA—Dake Memorial Meeting.—A special meeting of the Society was held at the Hahnemann Medical College on the evening of November 18, 1894, numerous members and physicians of Philadelphia, and from nearby points in Pennsylvania and New Jersey assembled to honor the memory of Dr. Jabez P. Dake, of Nashville, Tenn.

After the resolutions empowering the calling of the meeting were read, the President, Dr. Charles Mohr, briefly stated the object of the meeting.

The Committee of Arrangements offered the following minute:

In the decease of Jabez P. Dake, M.D., of Nashville, Tenn., the Homœopathic Medical Society of the County of Philadelphia discerns a misfortune, humanly speaking, to the profession of medicine and to humanity. His broad intellectual culture, his studious habits, his care and deliberation in the formation of his opinions, and his caution and conservatism in their expression, combined to make him a safe teacher and expounder of medical science. His firm faith in the medical doctrines he professed, his technical skill in their application, and his devotion to the sick under his care, declare him the true physician. His practical and co-operative sympathy in all measures designed to promote the intellectual, moral, and material welfare and prosperity of his adopted city and State, proclaim him the broad minded and large hearted citizen and patriot. His long continued and tireless labors to advance the usefulness of the profession to which he had devoted his life, and especially the keen intelligence and conscientious diligence which guided and animated all his public professional life, made him worthy of the leadership so freely conceded to him by the medical profession throughout the civilized world. The high qualities of his character, the lofty purposes of his life, and the vast achievements of his labors for the good of his race, commend him to us all as an inspiration and an example.

Resolutions of respect were read from the Homœopathic Medical Society of Alleghany county, Pa., from the Homœopathic Medical Society of Chester, Delaware, and Montgomery Counties of Pennsylvania, from the Hahnemann Club, the Boenninghausen Medical Club, the Hahnemann Medical Club, and the Oxford Medical Club.

Letters were read from Dr. Joseph E. Jones, of West Chester, Dr. Milton Hammond, of Baltimore, Dr. O. B. Gause, of Aiken, S. C., Dr. Trimble Pratt, of Media, and from Dr. J. H. McClelland, of Pittsburg, the President of the American Institute of Homœopathy.

Eulogistic remarks were made by Dr. Pemberton Dudley, who spoke of Dr. Dake from his knowledge of him through the Secretaryship of the American Institute of Homœopathy. Dr. Bushrod W. James spoke of the social side of Dr. Dake's nature as obtained through their joint membership in the Senate of Seniors of the American Institute of Homœopathy.

and from a traveling companionship. Dr. James also reported a conversation with Dr. W. Tod Helmuth, of New York, held on the day of the meeting, in which Dr. Helmuth expressed himself in hearty sympathy with the meeting and his regret at not being able to attend it. Dr. W. W. Van Baun spoke of Dr. Dake as a journalist. Dr. John E. James read the minute adopted by the Faculty of the Hahnemann Medical College. Dr. Joseph C. Guernsey spoke of the relations of Dr. Dake to the younger members of the American Institute of Homœopathy. Dr. John C. Morgan spoke of Dr. Dake's devotion to his endeavor to place the homœopathic materia medica on a scientific basis and the arranging of provings in consecutive, narrative form.

Eulogistic remarks were also made by Drs. B. F. Betts, John E. James, and Pemberton Dudley.

Dr. Dudley read a letter of condolence and respect to Mrs. Dake, which was unanimously adopted and directed to be forwarded to her, signed by the President and Secretary.

On motion adjourned.

EDWARD M. GRAMM, M.D.,
Secretary.

THE HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY COUNTY, PA., having learned of the demise of Dr. J. P. Dake, formerly of this city (Pittsburgh), and an honorary member of this Society, appointed the following committee to prepare a suitable memorial bearing upon the sad event, viz., J. F. Cooper, M.D., J. C. Burgher, M.D., and J. H. McClelland, M.D.

The committee charged with this duty presented the following report at a special memorial meeting held November 13, 1894, and it was unanimously adopted:

MEMORIAL UPON THE DEATH OF J. P. DAKE, A.M., M.D.

We are called upon to express our appreciation and regard for a distinguished colleague and honorary member of this Society, Dr. J. P. Dake, formerly of Pittsburgh, who died, after a brief illness, at his home in Nashville, Tenn., upon the 28th day of October, 1894, in the sixty-seventh year of his age.

We recognize a peculiar fitness in placing upon the records of this Society a formal expression of regard for one who formerly lived in our midst, re-

spected as a citizen, eminent in his profession and greatly beloved by his friends.

Dr. Dake was, for a time, a pupil of the pioneer of homœopathy west of the Alleghenies, Dr. Gustavus Reichelm, and was afterwards (1851) associated with him in practice in this city. His talents soon won for him first place in this community, and by the end of a decade he was so overwhelmed with professional duties that his health began to give way under the strain. In the year 1863 he was compelled to retire to his farm in Ohio, where, in a few years, he quite regained his former health and vigor. Consideration for the health of his wife determined his removal to Nashville, in which city he fulfilled a useful life and closed a singularly brilliant career.

Dr. Dake was a man of rare cultivation and refined tastes. He was none the less a man of large intellectual powers and an unceasing laborer in the various lines of literary and professional work.

As editor, author and professor he was alike distinguished for signal ability. In our national body, the American Institute of Homœopathy, he was a leader of acknowledged power and the *Transactions* for a third of a century have been enriched by his word and thought.

In this Society and in this community he will ever be held in highest esteem as one who dignified his calling, holding aloft the banner of medical reform when it took courage to espouse the cause of homœopathy, and leaving to former friends, patients and colleagues a memory full of respect and personal regard.

J. F. COOPER, M.D.,
J. C. BURGHER, M.D.,
J. H. MCCLELLAND, M.D.

Committee.

Eulogistic remarks were made by Dr. J. C. Burgher, a former partner of Dr. Dake; Dr. J. H. McClelland, one of his students; Dr. J. F. Cooper, who was his colleague; and Drs. C. F. Bingaman, W. J. Martin, J. B. and R. W. McClelland and L. H. Willard, who all testified to the sterling worth of the man whose loss we are called upon to mourn.

J. RICHEY HORNER, M.D.,
Chairman All'y Co. Hom. Med. Soc.

E. H. POND, M.D.,
Secretary.

THE HOMŒOPATHIC MEDICAL SOCIETY OF EASTERN OHIO.—The forty-fourth semi-annual meeting of the Homœopathic Medical Society of Eastern Ohio met with Dr. R. B. Rush, in Salem, Ohio, October 17, 1894, in the same room which our esteemed host has occupied as an office continuously for the last thirty-six years.

Owing to railroad connections, there were not as many present as usually come together at the annual meeting usually held in Akron, but of the thirty-five who did enjoy our aged friend's hospitality we will venture to assert that there was not one who did not feel amply repaid for the effort.

Telegrams with regrets that they were unable to be present were received from Dr. J. H. McClelland, of Pittsburgh, and Dr. C. E. Fisher, of Chicago.

President F. F. Church called the meeting to order promptly on time and delivered a very able as well as interesting address to the Society.

Secretary R. B. Carter read the minutes of the last meeting, which were duly approved.

Treasurer F. B. Johnson's report showed all bills paid and a neat little amount still remaining on hand.

Acting upon the recommendation of the Censors the Society elected to membership Dr. Jones, of Massillon, and Dr. Haggart, of Alliance.

Again was it decided by vote that Akron was the best and most available place to hold the spring meeting.

Dr. R. B. Johnson gave a very interesting and favorable report of his visit as our delegate to the American Institute of Homœopathy, at Denver, Colo., and Dr. F. F. Church did the same of his visit as our delegate to the State Society, at Cincinnati, Ohio.

Dr. William Murdock read a paper, largely clinical in its nature, upon the subject of "Cancer," which was quite thoroughly discussed. This was followed by a paper from Dr. R. N. Warren upon "Some Experiences in Imaginary Diseases," in which he seemed to credit a majority of these cases to the female persuasion, as did several others who followed in the discussion. Dr. Millie Chapman defended the sex in a very spirited and successful manner, when a call to dinner served to help the President out of the embarrassing position of either calling the Society down to business or apparently taking sides in the discussion by calling some member to order.

After dinner the Society listened to

a paper by Dr. Kirkland on the subject of "Practical Obstetrics." This was followed by a general discussion and question-asking, the doctor being made a target for many good-natured, though somewhat important, questions, while he, on his part, rarely was at a loss for an answer.

Dr. H. F. Biggar, under the head of "A Clinical Case," reported a very interesting case of ovarian trouble, and described in detail a subsequent operation in which the ovaries were exposed, treated and replaced with gratifying results. He went quite deeply into the etiology and pathology of diseases of the ovary and concluded by saying that the time had come when a halt must be called in this wholesale emasculating of women by over-ambitious surgeons and that in this, as in other lines of surgery, it was beginning to be recognized as far more creditable to save than to destroy.

Owing to lack of time, Dr. Garrigues' paper was carried over until the next meeting, the President making the following additional assignments:

"Pneumonia," Drs. Blackburn, Kurt and Talmadge.

"Eczema," Drs. Spencer, Childs and House.

On motion, the Society adjourned to meet in Akron the third Wednesday in April, 1895.

DR. F. F. CHURCH,
President.

DR. R. B. CARTER,
Secretary.

THE HAHNEMANN ASSOCIATION.—This new society, whose object is to perpetuate the memory of a grand epoch in medicine, to do honor to the memory of Samuel Hahnemann, and to promote a more genial intercourse and good fellowship among his followers, was organized on the evening of November 15th with 322 charter members.

This is purely a social organization meeting in New York in November of each year. Its membership is open to all homœopathic physicians, either ladies or gentlemen, and from all parts of the country. Applications for membership should be accompanied by the initiation fee of one dollar (\$1), and forwarded to Dr. Alton G. Warner, 194 Schermerhorn Street, Brooklyn, N. Y.

The first annual gathering and dinner was unanimously considered a grand success. After a most enjoyable social hour in the parlors, members and their guests sat down to an elabo-

rate dinner in Jaeger's large banquet-hall.

The post-prandial part of the programme was opened by Introductory Remarks by the president of the association, Dr. A. B. Norton, and was followed by an able tribute, In Memoriam, Samuel Hahnemann, by the toast-master, Dr. George G. Shelton.

The toasts of the evening were exceptionally well responded to, and were as follows:

"In Days of Yore," E. M. Kellogg, M.D.

"The Doctor in Politics," Henry M. Smith, M.D.

"Harmony," a Poem, Wm. Tod Helmuth, M.D.

"The Doctor and the Dominic," Rev. Chas. H. Eaton.

"As Others See Us," Hon. Melbert B. Cary.

"Our Lady Guests," Selden H. Talcott, M.D.

Introduction of the President elect, J. Lester Keep, M.D.

A parting Ode, words by Dr. Helmuth, was then sung by all present, accompanied by the Royal Hungarian Orchestra, who discoursed their sweet music the entire evening.

The officers elected for the ensuing year were:

President, Dr. J. Lester Keep, of Brooklyn; First Vice-President, Dr. Martin Deschere, New York; Second Vice-President, Dr. J. B. G. Custis, Washington, D. C.; Third Vice-President, Dr. Charles F. Adams, Hackensack, N. J.; Recording Secretary, Dr. Charles H. Helfrich, New York; Corresponding Secretary, Dr. H. D. Schenck, Brooklyn; Treasurer, Dr. A. G. Warner, Brooklyn; Member of Executive Committee, Dr. A. B. Norton, New York.

Among those present were Dr. and Mrs. Helmuth, Dr. and Mrs. St. Clair Smith, Dr. and Mrs. Houghton, Dr. and Mrs. Shelton, Dr. and Mrs. Wilcox, Dr. and Mrs. Boynton, Drs. Doughty, Keatinge, Brown, and White, of New York; Drs. Keep, Willis, Chapin, Winchell, and Muncie, of Brooklyn; Dr. and Mrs. Phillips, of Boston; Dr. and Mrs. Custis, of Washington; Dr. and Mrs. Butler, Dr. and Mrs. Adams, Dr. and Mrs. DeBaun, Drs. Dennis, Church, and Mandeville, of New Jersey; Dr. and Mrs. Hoag and Dr. Sandford, of Bridgeport, Conn., and over two hundred others.

This first gathering of the association proved such an extremely pleasant occasion to all who were present, that the success of the association is assured, and next year it will be difficult

to find a banqueting hall large enough to accommodate the numbers who will desire to attend, because the ladies enjoyed it so much they are all anxious for its repetition.

The credit of such a pronounced success of a new organization is due to the active personal work of each officer of the association.

PERSONAL.—Dr. Sara Govenlock has removed to Griswold, Manitoba.

H. Reed Hawley, M.D., formerly of the Brooklyn, N. Y., Maternity Hospital has located at 2520 Thirteenth street, N. W., Washington, D. C. his specialty is obstetrics and gynecology. At the above address he has opened a sanitarium where ladies can be cared for during confinement.

Dr. J. M. Hicks has located at Huntington, Indiana.

C. F. Saunders, M.D., 831 North Eighth street, Philadelphia, announces that his practice will hereafter be limited to the treatment of all forms of reducible hernia.

Dr. Clarke begs to announce that he has taken consulting rooms in the city at 3 Newman's Court, 73 Cornhill E. C., London, where he will attend on Tuesdays and Thursdays between the hours of eleven and three, commencing on Tuesday, October 16th.

On Mondays, Wednesdays, Fridays and Saturdays Dr. Clarke will attend during the same hours (eleven to three) at his residence, 30 Clarges street, Piccadilly, W.

Dr. William H. Bishop announces his removal from Helmuth House, 465 Lexington Avenue, to 119 East 47th Street, corner Lexington Avenue, New York. Office hours, until 12 A. M. and 7 to 8 P. M.

T. G. Roberts, M.D., has removed from Washington, Iowa, to 99 37th Street, Chicago, Ill.

Dr. George W. Roberts, of the *North American Journal of Homoeopathy*, has removed his office to "The Strathmore," Broadway and 52d Street, New York. Telephone R—1733.

W. A. Dewey, M.D., of the *Medical Century*, has removed to 52 W. 25th Street, New York.

"JUNIOR AUXILIARY" OF THE HAHNEMANN HOSPITAL, PHILADELPHIA, will give a reading of *Antony and Cleopatra* by Horace Howard Furness, LL.D. (the first time in public) for the benefit of the *Hahnemann Hospital*, on Friday, December 7, 1894, at 3.30 P. M., at the New Century Drawing-Room, 124 S. Twelfth Street, Philadelphia.

